

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **16131**  
**2297**  
Registrar's No.

BIRTH NO.		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No.
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>23 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3229 Garner</b>		
3. NAME OF DECEASED (Type or Print)		a. (First) <b>CHARLEY</b>	b. (Middle) <b>BURDETT</b>	c. (Last) <b>SHELDON</b>
4. DATE OF DEATH <b>May 25 1949</b>		4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Feb 18 1893</b>	9. AGE (In years: last birthday) <b>56</b> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Wm Volker Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Fontana Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Henry O Sheldon</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Ticknor</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>487-10-7921</b>		17. INFORMANT'S SIGNATURE OR NAME <b>L.H. Sheldon</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral and pulmonary emboli</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Mitral Stenosis and</b> DUE TO (c) <b>Cardiac hypertrophy</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>410X</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 days.</b> <b>unknown</b> <b>unknown</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>Oct 21, 1948, to May 25, 1949</b> , that I last saw the deceased alive on <b>May 25, 1949</b> , and that death occurred at <b>9:05 a. m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>William F. Sanders</b> (Degree or title)			23b. ADDRESS <b>1103 Grand Kansas City, Mo</b>	
23c. DATE SIGNED <b>May 26, 1949</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-27-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fontana Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Fontana Kansas</b>				
DATE REC'D BY LOCAL REG. <b>5-26-49</b>		REGISTRAR'S SIGNATURE <b>Stearline Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.H. Blackman &amp; Soh, Inc. Kansas City, Mo</b>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Dr. Sanders  
Prof. Berg*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed..... *W. D. Blackman* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *3639*

P. O. Address..... *AC Mo* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.