No. 300
10-48

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22177

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1473

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson Barracks, Mo.
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Vet. Adm. Hosp. Jeff. Bks. Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shannon 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eminence 0 0
d. STREET ADDRESS (If rural, give location): None 1

3. NAME OF DECEASED (Type or Print)
a. (First): Dale
b. (Middle): H.
c. (Last): SHELTON

4. DATE OF DEATH (Month) (Day) (Year): June 20, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Sept. 6, 1930
9. AGE (In years last birthday): 18 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Eminence, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: I.L. Shelton
13b. MOTHER'S MAIDEN NAME: Daisey Currentt
14. NAME OF HUSBAND OR WIFE: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World-War-II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Eugene F. Nolan, Registrar, Vet. Adm. Hosp. Jeff. Bks. Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE PANCARDITIS — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ACUTE RHEUMATIC FEVER
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 4013 5 8 d
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 4, 1949, *to* June 20, 1949, *that I last saw the deceased alive on* June 20, 1949, *and that death occurred at* 11:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE L.E. Stilwell (Degree or title): L.E. Stilwell, M.D. Chf. Prof. Services
23b. ADDRESS: Vet. Adm. Hosp. Jeff. Bks. Mo.
23c. DATE SIGNED: 6/20/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-20-49
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Salem, Mo.

DATE REC'D BY LOCAL REG.: 6-20-49
REGISTRAR'S SIGNATURE: Herbert R. Domketh
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: A.H. Hoppe, 4704 Washington, St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 6 1949

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~~ Me

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

working under my personal supervision.

Student .....
Student Embalmer

Signed Elton Rob Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.