

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **8189**

BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **8019** Registrar's No. **40**

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY DUNKLIN c. CITY (If outside corporate limits, write RURAL and give township) DUNKLIN d. STREET ADDRESS (If rural, give location) RURAL #3	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KENNETT		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KENNETT (RURAL #3)	
c. LENGTH OF STAY (in this place) 20 YRS			
d. FULL NAME OF HOSPITAL OR INSTITUTION PRESNELL HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) THOMAS c. (Last) SHELTON	4. DATE OF DEATH (Month) (Day) (Year) 3 11 50
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH UNKNOWN ABOUT	9. AGE (in years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) DUNKLIN Co. MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Inez Dutton Kennett Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 4201
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 1 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3/11/50**, 19**50**, to **3/11**, 19**50**, that I last saw the deceased alive on **3-11-**, 19**50**, and that death occurred at **4:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert S. Green M.D. U	23b. ADDRESS Kennett Mo.	23c. DATE SIGNED 3-11-1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-11-50	24c. NAME OF CEMETERY OR CREMATORY GREGORY Cemetery	24d. LOCATION (City, town, or county) (State) KENNETT, MO.
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DATE REC'D BY LOCAL REG. 3-11-1950	REGISTRAR'S SIGNATURE Earl J. Lusk	25. FUNERAL DIRECTOR'S SIGNATURE LENTZ SERVICE	ADDRESS KENNETT MO
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

3582

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 3-13-50
COUNTY FILE NUMBER 350-87...

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.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.