

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13649

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5643 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <i>Lafayette</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Tenn.</i> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Concorded Freedom</i>		c. CITY (If outside corporate limits, write RURAL and give township): <i>Memphis</i>	
c. LENGTH OF STAY (in this place) <i>1 year</i>		d. STREET ADDRESS (If rural, give location) <i>General Technical Training Center Memphis 15, Tenn</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <i>Claude Le Roy Shelton</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>4 - 23 - 1950</i>		5. SEX <i>M</i> 6. COLOR OR RACE <i>W</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>no information</i>		8. DATE OF BIRTH <i>May 26 - 1923</i>	
9. AGE (In years last birthday) <i>26</i> if UNDER 1 YEAR Months <i>10</i> Days <i>27</i> if UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Amahon U.S. navy</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>U.S. navy</i>		11. BIRTHPLACE (State or foreign country) <i>Mulberry Kansas</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Paul M Shelton</i>	
13b. MOTHER'S MAIDEN NAME <i>Elise May Menter</i>		14. NAME OF HUSBAND OR WIFE <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes; Total 9 yrs 3 mo 9 days</i>		16. SOCIAL SECURITY NO. <i>NO</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Paul M Shelton</i>		ADDRESS <i>Pond Creek Ark</i>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Compound Fr skull</i> ANTECEDENT CAUSES <i>Fr left tibia &amp; fibula</i> <i>2 Fr ribs &amp; hemorrhage</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Driving motor car on pro highway 2 miles west of Concordia Mo</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>collided with truck</i>	
19a. DATE OF OPERATION <i>no operation</i>		19b. MAJOR FINDINGS OF OPERATION <i>killed instantly</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <i>Accident</i>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>U.S. Highway 40</i>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>Concordia Lafayette Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>April 23 1950 7:15</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR <i>collided with truck</i>		22. I hereby certify that I attended the deceased from <i>called to coroner</i> , that I last saw the deceased alive on <i>April 23</i> , 1950, and that death occurred at <i>7:15 m.</i> , from the causes and on the date stated above.	
22a. SIGNATURE (Degree or title) <i>M. Martin M.D. Coroner</i>		22b. ADDRESS <i>O. Usser, Mo.</i>	
22c. DATE SIGNED <i>4-24-1950</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	
23b. DATE <i>5/4/50</i>		23c. NAME OF CEMETERY OR CREMATORY <i>OLATHA, Mo.</i>	
23d. LOCATION (City, town, or county) (State) <i>OLATHA, Mo.</i>		24. DATE REC'D BY LOCAL REG. <i>April 25 - 1950</i>	
REGISTRAR'S SIGNATURE <i>Clayton S. Landrum</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>E. S. James</i>	
ADDRESS <i>154</i>		ADDRESS <i>Concordia, Mo.</i>	

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

RECEIVED MAY 3  
District Health Officer, No. 8,  
District File Number  
Date Filed 5/10/50

SEP 12 1950

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 E. J. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.