

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23128**

No. 300
10-48

FILED JUL 27 1950

BIRTH NO. _____ REG. DIST. NO. **88** PRIMARY REG. DIST. NO. **5327** Registrar's No. **26**

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY CRAWFORD. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CRAWFORD. | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-UNION TWP. 23YRS. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-UNION TWP. 0280 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) 5 MILES SO. OF STEELVILLE, MO. | |

| | | | | | |
|--|--|---|---|---|--|
| 3. NAME OF DECEASED a. (First) PEARL b. (Middle) MAY c. (Last) SHELTON | | | 4. DATE OF DEATH (Month) (Day) (Year) 6-29-50. | | |
| 5. SEX F | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | |
| 8. DATE OF BIRTH 11-3-1879 | | 9. AGE (In years last birthday) 70 | | 10. IF UNDER 1 YEAR Months 6 Days 29 | |
| 11. BIRTHPLACE (State or foreign country) NEBRASKA. | | 12. CITIZEN OF WHAT COUNTRY? USA | | 13. KIND OF BUSINESS OR INDUSTRY | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? | |

| | | | | | |
|------------------------------------|--|--|--|---|--|
| 13a. FATHER'S NAME ED BYERS | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE GEORGE SHELTON | |
|------------------------------------|--|--|--|---|--|

| | | | | | |
|---|--|-------------------------------------|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME AMBROSE SHELTON ADDRESS STEELVILLE, 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) Myocardial failure | | INTERVAL BETWEEN ONSET AND DEATH 2 hrs | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Chronic myocarditis | | 2 years | |
| DUE TO (c) | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | +222 | |

| | | | | | |
|------------------------|--|----------------------------------|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input 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) | | 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 **March, 1948** to **June 28, 1950**, that I last saw the deceased alive on **June 28, 1950**, and that death occurred at **1:50 A.M.**, from the causes and on the date stated above.

| | | | | | |
|-----------------------------------|--|-----------------------------------|--|--------------------------------|--|
| 23a. SIGNATURE J. M. Robey | | 23b. ADDRESS Steelville Mo | | 23c. DATE SIGNED 7/5/50 | |
|-----------------------------------|--|-----------------------------------|--|--------------------------------|--|

| | | | | | |
|---|--|-------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 7-1-50 | | 24c. NAME OF CEMETERY OR CREMATORY STEELVILLE, EM. STEELVILLE, MO. | |
|---|--|-------------------------|--|---|--|

| | | | | | |
|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. 7-21-50 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE THOMAS S. HALBERT ADDRESS STEELVILLE, MO. | |
|---|--|--|--|--|--|

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

AUG 9 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Thomas S. Halder

Licensed Embalmer No.

4332

P. O. Address

Healdville, 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.