

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **38034**

No. 38

10. 48

BIRTH NO.		REG. DIST. NO. <b>282</b>	PRIMARY REG. DIST. NO. <b>3055</b>	Registrar's No. <b>155</b>
1. PLACE OF DEATH a. COUNTY <b>Pack</b>		2. USUAL RESIDENCE (Where deceased lived) (If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pack</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bolivar</b>	c. LENGTH OF STAY (in this place) <b>1 yr</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bolivar</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Summit Street</b>		d. STREET ADDRESS (If rural, give location) <b>Summit Street</b>		
3. NAME OF DECEASED a. (First) <b>Ella</b> b. (Middle) <b>Frances</b> c. (Last) <b>Shelton</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>26</b> Year <b>1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Feb 14 1883</b>	9. AGE (In years last birthday) <b>67</b> Months <b>9</b> Days <b>12</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>	11. BIRTHPLACE (State or foreign country) <b>Warrenton, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>William Bebermeyer</b>		13b. MOTHER'S MAIDEN NAME <b>Belle Means</b>	14. NAME OF HUSBAND OR WIFE <b>Walter L. Shelton</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>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jewell H. Shelton</b> ADDRESS <b>Bolivar</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 MIN.</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROSIS AND RHEUMATIC VALVULAR HEART DISEASE</b>		<b>10 YR.</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4 1/2</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>JAN</b> , 19 <b>49</b> , to <b>NOV</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>25 NOV</b> , 19 <b>50</b> , and that death occurred at <b>7:40 a.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>John R. Brien M.D.</b> (Degree or title)		23b. ADDRESS <b>Bolivar, Mo.</b>	23c. DATE SIGNED, <b>27 Nov 50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Nov 28/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Warrenton Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Warrenton Mo</b>	
DATE REC'D BY LOCAL REG. <b>Nov. 28, 1950</b>	REGISTRAR'S SIGNATURE <b>Ralph [unclear]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[unclear]</b> ADDRESS <b>Blue Bolivar Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

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**DIVISION OF HEALTH OF MO.**

District No. 5 - Springfield

RECEIVED DEC 6 1950

Dist. File 1250-2454

Date Filed 12-8-50

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**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed William P. Erwin

Licensed Embalmer No. 3092

P. O. Address Bellevue, 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.