

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15976

FILED MAY 18 1951

BIRTH NO. _____ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 5291 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs 0242	
c. LENGTH OF STAY (in this place) 5 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) IOOF Home			

3. NAME OF DECEASED a. (First) May		b. (Middle) Jane		c. (Last) Shelton		4. DATE OF DEATH (Month) (Day) (Year) May 9, 1951	
--	--	-------------------------	--	--------------------------	--	--	--

5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Jan. 31, 1865		9. AGE (In years last birthday) 86		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) housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country). Missouri 0			12. CITIZEN OF WHAT COUNTRY? USA		
---	--	--	-----------------------------------	--	--	---	--	--	--	--	--

13a. FATHER'S NAME James Embrey			13b. MOTHER'S MAIDEN NAME Melinda Ford			14. NAME OF HUSBAND OR WIFE Mariman Shelton		
---	--	--	--	--	--	---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ella Iringer, Liberty, Mo			
---	--	--	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombocytopenia						INTERVAL BETWEEN ONSET AND DEATH 5 wks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis years							
		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 332X						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) Liberty, Clay, Missouri			
--	--	--	--	--	---	--	--	--

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 _____, 1949, to death, 19____, that I last saw the deceased alive on May 9, 1951, and that death occurred at 11 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter G. Gadsden MD		23b. ADDRESS Liberty, Mo		23c. DATE SIGNED 5/11/51	
---	--	------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5-11-51		24c. NAME OF CEMETERY OR CREMATORY Fairview		24d. LOCATION (City, town, or county) (State) Liberty, Clay, Missouri			
--	--	-----------------------------	--	---	--	---	--	--	--

DATE REC'D BY LOCAL REG. May 11-1951		REGISTRAR'S SIGNATURE Minnie Haynes			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 64 Tyler Parley Liberty, Mo		
--	--	---	--	--	---	--	--

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

2240
5



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

John Pasley

Licensed Embalmer No. *4309*

P. O. Address *Liberty, MD*

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.