

FILED MAY 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16124

State File No.

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>	c. LENGTH OF STAY (in this place) <u>21 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Washington 0362</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Francis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>301 Fair St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ETTA</u> b. (Middle) <u>WILHELMINA</u> c. (Last) <u>SHELTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 13 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 23 1871</u>
9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR: Months <u>4</u> Days <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Corn, Home</u>	11. BIRTHPLACE (State or foreign country) <u>Washington, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Fred Kampschroeder</u>	
13b. MOTHER'S MAIDEN NAME <u>Josephine Silver</u>		14. NAME OF HUSBAND OR WIFE <u>George W. Shelton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles E. Drewel</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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 <u>334 x</u>	
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 <u>3/11/57</u> , 19 <u>57</u> , to <u>5/13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5/13/57</u> , and that death occurred at <u>3:50 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. L. Fox</u>		23b. ADDRESS <u>Washington, Mo</u>	
23c. DATE SIGNED <u>5/14/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 16, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 16, 1951</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wiegand, Ltd., Wash., Mo</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Washington, Mo</u>	

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

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File No.
DISTRICT HEALTH OFFICE NO. 4

MAY 21 1951

RECEIVED

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.....

Lester A. Pitt
.....
Licensed Embalmer No. *3254*

P. O. Address *Washington, 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.