

FILED JUN 6 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. *290* PRIMARY REG. DIST. NO. *4428* Registrar's No. *27*

0850  
1

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

1. PLACE OF DEATH a. COUNTY <i>Pulaski</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO.</i> b. COUNTY <i>Pulaski</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural</i> <i>0850</i>	
c. LENGTH OF STAY (In this place) <i>60 years</i>		d. STREET ADDRESS (If rural, give location) <i>Richland Rt. 0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Richland Rt.</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Emma</i> b. (Middle) <i>Shelton</i> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <i>5 16 1951</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Aug 19, 1866</i>	9. AGE (In years last birthday) <i>84</i>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>At home</i>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>MO. 0</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>B. Briggs</i>	13b. MOTHER'S MAIDEN NAME <i>Malissa Powers</i>	14. NAME OF HUSBAND OR WIFE <i>Jesse Shelton</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>✓</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Allie M. Barlow Richland Rt. 0</i>
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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		INTERVAL BETWEEN ONSET AND DEATH <i>6 months</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Failure</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio-sclerotic heart disease 10 yrs</i> DUE TO <i>Generalized arterio sclerosis</i>		
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 <i>4/200</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 *April 20 51 to Apr 20 1951*, that I last saw the deceased alive on *Apr 20 1951*, and that death occurred at *4:10 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>R. E. Musser M. D.</i>	23b. ADDRESS <i>Waynesville, MO</i>	23c. DATE SIGNED <i>May 19 51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5-18-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Hazelgreen Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Wade Co. MO.</i>
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DATE REC'D BY LOCAL REG. <i>5-21-51</i>	REGISTRAR'S SIGNATURE <i>Paul Ray 389</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Palmer's Lebanon, MO.</i>
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RECEIVED 5-21-51  
Pulaski County Health Officer  
File Number  
Date Filed 5-21-51

JUN 6 1951

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 Richard L Palmer

Signed.....  
Student Embalmer

Licensed Embalmer No. 4595

P. O. Address Liberty, 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.