No. 300
10.48

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26736

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY Howell 0460
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains
c. LENGTH OF STAY (in this place) 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains 0460
d. STREET ADDRESS (If rural, give location) Rt 3 — 0

3. NAME OF DECEASED (Type or Print) a. (First) Jas. b. (Middle) Franklin c. (Last) Shelton

4. DATE OF DEATH (Month) 7 (Day) 4 (Year) 51

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH 8-9-73

9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months 105 Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY ✓

11. BIRTHPLACE (State or foreign country) Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unk

13b. MOTHER'S MAIDEN NAME Unk

14. NAME OF HUSBAND OR WIFE Evelyn Shelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ✓

17. INFORMANT'S SIGNATURE OR NAME Fred Shelton, West Plains Mo ADDRESS

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) Chronic Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (Patient died without having any medical care).
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4222

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 9:30 m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Benj. Hunt D. M. D. Coroner

23b. ADDRESS Howell Co West Plains Mo

23c. DATE SIGNED JUL 12 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) B

24b. DATE 7-6-51

24c. NAME OF CEMETERY OR CREMATORY Dripping Sprs

24d. LOCATION (City, town, or county) West Plains Mo (State)

DATE REC'D BY LOCAL REG. 8-27-51

REGISTRAR'S SIGNATURE Beatrice Cook 379

25. FUNERAL DIRECTOR'S SIGNATURE Roberson, West Plains Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED SEP 4 1951
Dist. File 921-1608
Date Filed 9-6-51

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 L. D. Roberts

Licensed Embalmer No. 3430

P. O. Address West Plain M

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.