

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39720**  
Registrar's No. **10001**

FILED DEC 1 1951  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>2129</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Shelton</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LUKES HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>12 275 no. Union</b>	

3. NAME OF DECEASED (Type or Print) <b>ALLOWISE</b>	a. (First)	b. (Middle) <b>D.</b>	c. (Last) <b>SHELTON.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 10, 1951</b>
---	------------	-----------------------	---------------------------	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB 8 1871</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
----------------------	-------------------------------	---	------------------------------------	---	-----------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Fort Madison, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	-----------------------------------	--	--

13a. FATHER'S NAME <b>John Douglas</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Dyer</b>	14. NAME OF HUSBAND OR WIFE <b>Richard Shelton</b>
--	--	--

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. <b>---</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Richard Shelton</b>	ADDRESS <b>Congress Hotel</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs 4 mo</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>151X</b>

22. I hereby certify that I attended the deceased from **11-7**, 19**51**, to **11-10**, 19**51**, that I last saw the deceased alive on **11-9**, 19**51**, and that death occurred at **7:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>F. Fulkay B. Dyer M.D.</b>	(Degree or title)	23b. ADDRESS <b>3720 Washington</b>	23c. DATE SIGNED <b>11-10-51</b>
--	-------------------	-------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-13-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis MO</b>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <b>NOV 10 1951</b>	REGISTRAR'S SIGNATURE <b>Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons</b>	ADDRESS <b>7233 Delmar Blvd.,</b>
---	---	--	-----------------------------------

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

**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.....

*Arnold W. Schoene*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, 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.**