

FILED MAR 3 1952

STANDARD CERTIFICATE OF DEATH

State File No. **3985**

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) Columbia		c. CITY (If outside corporate limits, write RURAL and give township) Rolla 1810	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) DAISY b. (Middle) ANN c. (Last) SHELTON			4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1952		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 28, 1914	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months 9 Days 21	IF UNDER 24 HRS. Hours Min.
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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) Rolla, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Chas. A. Roach	13b. MOTHER'S MAIDEN NAME Myrtle Dickinson	14. NAME OF HUSBAND OR WIFE Farrell Shelton
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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. 500-09-9429	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Farrell Shelton, Route 1, Rolla, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES severe traumatic. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) auto-accident. 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"/>
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21a. ACCIDENT (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hi-way	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rolla
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 15, 1952 9 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? auto-accident.
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22. I hereby certify that I attended the deceased from **Feb. 15, 1952** to **Feb. 19, 1952**, that I last saw the deceased alive on **Feb. 19, 1952**, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James M. Parker	23b. ADDRESS Columbia Mo. Feb. 27, 1952	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 24, 1952	24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	24d. LOCATION (City, town, or county) (State) Rolla, Missouri.
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DATE REC'D BY LOCAL REG. Feb. 27 1952	REGISTRAR'S SIGNATURE Mr. R.E. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 31-0 Parker Funeral Service, Columbia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

#m
1050

OCT 23 1957

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, ~~and~~ by _____

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working under my personal supervision.

Student
Student Embalmer

Signed Lawrence J. M. Billo
Licensed Embalmer No. 4375
P. O. Address Columbia, 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.