

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7895

APR 8 1952

BIRTH NO. REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Near Rector Mo 1016	
c. LENGTH OF STAY (If this applies)		d. STREET ADDRESS (If rural, give location) XXX	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hart Clinic			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Clara	b. (Middle) Mae	c. (Last) Shelton	mar 30/52		

5. SEX female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 1 1895	9. AGE (In years last birthday) 56	10. IF UNDER 1 YEAR Months	11. IF UNDER 6 HRS. Hours	12. IF UNDER 15 MIN. 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 X	11. BIRTHPLACE (State or foreign country) Dent Co Mo	12. CITIZEN OF WHAT COUNTRY? U
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13a. FATHER'S NAME Hugh Vance	13b. MOTHER'S MAIDEN NAME Jane Vance	14. NAME OF HUSBAND OR WIFE Jodie 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. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jodie Shelton Rector 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7-8 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) BP = 260+/85		
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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 30, 1952 to March 30, 1952 last saw the deceased alive on March 30, 1952 that death occurred at 7:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE M. Hart M.D.	(Degree or title) M.D.	23b. ADDRESS Salem, Mo.	23c. DATE SIGNED 4-3-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4/4/52	24c. NAME OF CEMETERY OR CREMATORY Corinth Cem	24d. LOCATION (City, town, or county) (State) So Salem Mo
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DATE REC'D BY LOCAL REG. 4-3-52	REGISTRAR'S SIGNATURE M. M. Hart	5359	25. FUNERAL DIRECTOR'S SIGNATURE Spencer	ADDRESS Salem Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

1331
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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 *Orville J. Johnson*.....

Licensed Embalmer No. 370.....

P. O. Address Salina, 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.