

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **13711**

BIRTH NO.		REG. DIST. NO. <b>251</b>		PRIMARY REG. DIST. NO. <b>4380</b>		Registrar's No. <b>169</b>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY <b>Nodaway</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Arkoe</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Nodaway</b>			
c. LENGTH OF STAY (in this place) <b>1 hr.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Maryville</b>		d. STREET ADDRESS (If rural, give location) <b>302 South Newton</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ola Ware home</b>									
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Charles</b>		b. (Middle) <b>W.</b>		c. (Last) <b>Shelton</b>			
4. DATE OF DEATH		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>			
8. DATE OF BIRTH <b>5/6/81</b>		9. AGE (In years last birthday) <b>70</b>		10. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tar roofer</b>		11. BIRTHPLACE (State or foreign country) <b>Taylor Co., Iowa</b>			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Own account</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Levi Shelton</b>			
13b. MOTHER'S MAIDEN NAME <b>Florence Rebecca Hutton</b>		14. NAME OF HUSBAND OR WIFE <b>Minerva Jane Shelton, dec.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME <b>Charles A. Shelton, Maryville, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Atherosclerosis</b>					
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) <b>4301</b>		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?		22. I hereby certify that I attended the deceased from <b>March 4, 1952</b> , to <b>May 2, 1952</b> , that I last saw the deceased alive on <b>May 1, 1952</b> , and that death occurred at <b>8:30 P.M.</b> , from the causes and on the date stated above.		23a. SIGNATURE <b>H. J. Guter</b>		23b. ADDRESS <b>Maryville, Mo.</b>		23c. DATE SIGNED <b>5/5/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/8/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Miriam</b>		24d. LOCATION (City, town, or county) (State) <b>Maryville, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Price Funeral Home, Maryville, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5-10-52</b>		REGISTRAR'S SIGNATURE <b>Beas Holtz</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Price Funeral Home, Maryville, Mo.</b>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

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MAY 12 1952

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. 461

working under my personal supervision.

Student Curtis C. Hixley  
Student Embalmer

Signed

John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.