S. No. 300
v. 10.48

0890

FILED MAY 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13927

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6018 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION: 7 mi. E. Ex.Springs,Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0890
d. STREET ADDRESS (If rural, give location): 7 mi. E. Ex.Springs,Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle): ELAINE
c. (Last): SHELTON

4. DATE OF DEATH (Month) (Day) (Year): April 28, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Apr. 13, 1945
9. AGE (In years last birthday): 7 — If under 1 year: Months 0, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Archie Shelton
13b. MOTHER'S MAIDEN NAME: Dorothy Wilson
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Archie Shelton, Rt.2, Rayville,Mo.

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): Hydrocephalous
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Artisyn, Pneumonia, Cardiac
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.: 75.2X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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): Lawson Ray Mo
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* April 15, 1945, *to* Apr. 28, 1952, *that I last saw the deceased alive on* Apr. 28, 1952, *and that death occurred at* 9:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Otto E. Buchner M.D. (Degree or title)
23b. ADDRESS: Lawson, Mo.
23c. DATE SIGNED: 5/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4-30-52
24c. NAME OF CEMETERY OR CREMATORY: Pisgah Cemetery
24d. LOCATION (City, town, or county) (State): Excelsior Springs, Mo.

DATE REC'D BY LOCAL REG.: 5-3-52
REGISTRAR'S SIGNATURE: Helen Larkin
FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Chas. Michael Funeral Home, Exc. Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Emerice R. Jasman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.