

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35977

State File No. ....

FILED NOV 5 1952

BIRTH NO. 70882 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 130

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

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Candem</u>	
b. CITY OR TOWN <u>Waynesville</u>		c. CITY OR TOWN <u>Richland</u> <u>0150</u>	
c. LENGTH OF STAY (in this place) <u>24 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jerry</u>	b. (Middle) <u>Gale</u>	c. (Last) <u>Shelton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10/25/52</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u>	8. DATE OF BIRTH <u>10/24/52</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 Hrs. Hours <u>24</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>0</u>	12. CITIZEN OF WHAT COUNTRY?
		<u>Waynesville General Hospital</u>	

13a. FATHER'S NAME <u>Ola A. Shelton</u>	13b. MOTHER'S MAIDEN NAME <u>Irene Newell</u>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ola A. Shelton</u> ADDRESS <u>Richland, Mo.</u>
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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 <u>24 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pneumonia</u>		
	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"/>
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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) (Min.)	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 10-24-52, to 10/25, 1952, that I last saw the deceased alive on 10/25, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. Miller, M.D.</u>	23b. ADDRESS <u>Waynesville, Mo.</u>	23c. DATE SIGNED <u>10-29-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/27/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glenn Chappel Family Richland Home</u>	24d. LOCATION (City, town, or county) (State) <u>Richland, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-29-52</u>	REGISTRAR'S SIGNATURE <u>Carla Mae Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. B. Deeper</u> ADDRESS <u>Richland</u>
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RECEIVED 10-29-52  
Pulaski County Health Officer  
File Number  
Date Filed 11-1-52

**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

*Not Embalmed*

Signed *[Signature]*  
Licensed Embalmer No. *3198*  
P. O. Address *[Signature]*

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.