

FED OCT 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36840

1003 Registrar's No. 9118

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2249			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 3137 South Broadway			
3. NAME OF DECEASED (Type or Print) a. (First) DOVA		b. (Middle)		c. (Last) SHELTON		4. DATE OF DEATH (Month) (Day) (Year) September 30, 1952	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 5-17-1903	
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Winona, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Aaron Denton		13b. MOTHER'S MAIDEN NAME America Collins		14. NAME OF HUSBAND OR WIFE Sid Shelton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sid Shelton, 3137 South Brd.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2 lobes pneumonia - bilob DUE TO (c) Carcinomatous 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"/>	
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)		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? 2021					
22. I hereby certify that I attended the deceased from Sept. 29, 1952, to Sept. 30, 1952, that I last saw the deceased alive on Sept. 30, 1952, and that death occurred at 5:50 P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Shirley Walker MD</i>				23b. ADDRESS 1515 Lafayette Ave		23c. DATE SIGNED 10-1-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-1-52		24c. NAME OF CEMETERY OR CREMATORY Van Buren, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. OCT 1 1952		REGISTRAR'S SIGNATURE <i>J. C. Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McSpadden F. H., Van Buren Mo			

(Licensed Embalmers' Statement on Reverse Side)

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

Saying name no printing and

82-12100

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 *Benzelman*

Licensed Embalmer No. 44366

P. O. Address *1100 7th*

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.