

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **657**

FILED JAN 15 1953

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>Christian</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Douglas</b>	
b. CITY OR TOWN <b>Ozark</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Ava</b>	<b>1940</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ozark Rest Home</b>		d. STREET ADDRESS (If rural, give location) <b>/</b>	

3. NAME OF DECEASED a. (First) <b>Alice</b> b. (Middle) <b>Lucendia</b> c. (Last) <b>Shelton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-4-53</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5-11-92</b>	9. AGE (in years last birthday) <b>60</b>	IF UNDER 1 YEAR Days <b>/</b> Hours <b>/</b> Min. <b>/</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Tenn. /</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Adam Riddle</b>	13b. MOTHER'S MAIDEN NAME <b>Linda Ray</b>	14. NAME OF HUSBAND OR WIFE <b>Robert Shelton</b>
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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) <b>N</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Robert S. Shelton</b> ADDRESS <b>Ava, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Pulmonary Emphysema Unknown</b> DUE TO (c) <b>Chronic Bronchial Asthma Unknown</b>		
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)	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 Oct 29, 1952, to Jan 4, 1953, that I last saw the deceased alive on Jan 4, 1953, and that death occurred at 8: P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Concent P. M. Conrad</b> (Degree or title) <b>DO.</b>	23b. ADDRESS <b>Ozark Mo</b>	23c. DATE SIGNED <b>1/8/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-6-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ava</b>	24d. LOCATION (City, town, or county) (State) <b>Ava, Missouri</b>
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DATE REC'D BY LOCAL REG <b>Jan 13-1953</b>	REGISTRAR'S SIGNATURE <b>Loretta Leonard</b> <b>5970</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Glinkingbeard Funeral Home, Ava, Mo.</b> ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

1240  
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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 Charles P. Fisher

Licensed Embalmer No. 4662

P. O. Address Ann 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.