

5. No. 300  
v. 10-48

FILED FEB 4 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 817

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5329 Registrar's No. 6-1953

1. PLACE OF DEATH  
a. COUNTY **R Crawford County**  
b. CITY (If outside corporate limits, write RURAL and give town or township) **Rural**  
c. LENGTH OF STAY (In this place) **Transient**  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **9 Miles North of Cuba Mo., on Highway 19**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri**  
b. COUNTY **Phelps**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rolla**  
d. STREET ADDRESS (If rural, give location) **417 East 11th St.,**

3. NAME OF DECEASED  
a. (First) **JOHN**  
b. (Middle) **KENNETH**  
c. (Last) **SHELTON**

4. DATE OF DEATH (Month) (Day) (Year)  
**Jan. 24 1953**

5. SEX **Male**  
6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**Single**

8. DATE OF BIRTH **26 July 1928**

9. AGE (In years last birthday) **24**  
IF UNDER 1 YEAR Months  
IF UNDER 12 Hrs. Hours  
IF UNDER 15 Mins. Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Student & U. S. Army**

10b. KIND OF BUSINESS OR INDUSTRY  
**School & Military**

11. BIRTHPLACE (City and State or Foreign Country) **Rolla, Phelps Co., Mo.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Floyd Shelton**

13b. MOTHER'S MAIDEN NAME **Clara Erickson**

14. NAME OF HUSBAND OR WIFE **Single**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
**Yes 26 Aug 46 - 14 Jul 52**

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Floyd Shelton, 417 E. 11. Rolla 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **death was caused by a basal skull injury and other internal injuries which were not determined. Injury occurred when deceased was thrown from a moving automobile into the ditch of the highway. He was the driver of the vehicle and his death was accidental.**  
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.

INTERVAL BETWEEN ONSET AND DEATH  
  
**E 8234  
32**

19a. DATE OF OPERATION \_\_\_\_\_  
19b. MAJOR FINDINGS OF OPERATION  
**Killed by accidental means when thrown from his own automobile which ran into the ditch.**

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE **accident**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
**Highway #19 - 3 mi. above**

21c. (CITY, TOWN, OR TOWNSHIP) **Oak Hill Township** (COUNTY) **Crawford** (STATE) **Missouri**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  
**1 24 53 11:45 P.M.**

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR. Deceased drove his own automobile into the ditch of the road; he was thrown out into the ditch.

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE **Honey M. Fox** (Degree or title) **3**

23b. ADDRESS **Steckell 720**

23c. DATE SIGNED **1/25/53**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**

24b. DATE **Jan. 25, 1953**

24c. NAME OF CEMETERY OR CREMATORY **Ozark Memorial Gardens**

24d. LOCATION (City, town, or county) (State)  
**Rolla, Phelps Mo.**

DATE REC'D BY LOCAL REG. **1-25-1953**  
REGISTRAR'S SIGNATURE **Paul E. Null**

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS  
By **Paul E. Null**  
**Rolla Mo.,**

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

280  
3

FEB 20 1953

FEB 10 1953

FEB 6 1953

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.