

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9287**

FILED MAR 17 1953

BIRTH NO. _____ REG. DIST. NO. **100** PRIMARY REG. DIST. NO. **3018** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Mary Margaret Shelton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) Salem		c. CITY OR TOWN Salem	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) yr's		e. STREET ADDRESS (If rural, give location) Carty street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hart's Clinic			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Mary	b. (Middle) Margaret	c. (Last) Shelton	3/9/53	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 9/16/1879	9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) Dent Co Mo	
12. CITIZEN OF WHAT COUNTRY?				

13a. FATHER'S NAME Thos H Smith	13b. MOTHER'S MAIDEN NAME Tilda E Morgan	14. NAME OF HUSBAND OR WIFE Joshua Shelton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dee Shelton St Louis 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2nd & 3rd burns of head, neck, chest & abdomen & legs.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease.			

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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-11-47**, 19____, to **3-9-53**, 19____, that I last saw the deceased alive on **3-9-53**, 19____, and that death occurred at **7:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE M Hart, MD. (Degree or title)	23b. ADDRESS Salem Mo.	23c. DATE SIGNED 3-12-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/12/53	24c. NAME OF CEMETERY OR CREMATORY Cornith Cem	24d. LOCATION (City, town, or county) (State) near Jadwin Mo.
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DATE REC'D BY LOCAL REG. 3-12-53	REGISTRAR'S SIGNATURE M. D. Hart, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl R. Francis Salem Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

331
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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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No... 232

P. O. Address Palm Springs

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.