

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14498**

FILED MAY 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2134</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>30 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>917 Locust St. 178 Sherman Hotel</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>917 Locust St. 178 Sherman Hotel</u>				3. NAME OF DECEASED a. (First) <u>CARL C.</u> b. (Middle) _____ c. (Last) <u>SHELTON</u>					
4. DATE OF DEATH (Type or Print) _____		4. DATE OF DEATH (Month) <u>4</u> - (Day) <u>19</u> - (Year) <u>53</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>SEPT. 8 - 1886</u>		9. AGE (In years, last birthday) <u>66</u>		IF UNDER 1 YEAR: Months _____ Days _____			
IF UNDER 1 HR. Hours _____ Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MISSOURI-PACIFIC R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BROWN COUNTY, OHIO</u>			
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>C. P. SHELTON</u>		13b. MOTHER'S MAIDEN NAME <u>SADIE M. HURD</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. PEARL REED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. PEARL REED</u>		ADDRESS <u>AFON OKLA</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>42 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 _____, 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 <u>Geo. G. Kealhofer</u> (Degree or title) <u>Public Health Officer &amp; Deputy Coroner</u>				23b. ADDRESS <u>4050 Broadway St. Overland Park</u>		23c. DATE SIGNED <u>4-21-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>APR. 22 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>VINITA OKLAHOMA</u>			
DATE REC'D BY LOCAL REG. <u>4-22-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR <u>D.W. Newcomer</u> Done <u>Kansas City, Missouri</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

SEP 7 1958

**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 *John B. Fitzgerald*

Licensed Embalmer No. 4773

P. O. Address K. P. Mo

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.