

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20932**

FILED JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **178**

1. PLACE OF DEATH a. COUNTY Cape Girardeau County, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau 7-D/3		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Castan Sup.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Hospital		d. STREET ADDRESS (If rural, give location) 10301	

3. NAME OF DECEASED (Type or Print)	a. (First) Della	b. (Middle) Adeline	c. (Last) Shelden	4. DATE OF DEATH (Month) (Day) (Year) June 10, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 30, 1888	9. AGE (In years last birthday) Months Days 64 9 10	IF UNDER 1 YEAR Hours Min. — —	IF UNDER 24 HRS. Hours Min. — —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Batesville Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert Caldwell	13b. MOTHER'S MAIDEN NAME Neoma Lathan	14. NAME OF HUSBAND OR WIFE Richard Shelden
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Richard Shelden, Batesville	ADDRESS Batesville
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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 7 1/2 yrs 5 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephrosclerosis DUE TO (c)		
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 442X	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 **June 3, 1953** to **June 10, 1953**, that I last saw the deceased alive on **June 10, 1953**, and that death occurred at **1:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Harold King MD	(Degree or title)	23b. ADDRESS Cape Girardeau, Mo	23c. DATE SIGNED 6/13/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-12-53	24c. NAME OF CEMETERY OR CREMATORY Margen Memorial Park, Advance, Mo	24d. LOCATION (City, town, or county) (State) Advance, Mo
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DATE REC'D BY LOCAL REG. 6-15-53	REGISTRAR'S SIGNATURE C. C. Summers	40-0	25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Margen Advance, Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed..... *William H. Mason*

Licensed Embalmer No. *4640*

P. O. Address *Adwamy*

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.