No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21032

FILED JUL 9 - 1953

BIRTH NO. 34969-53 REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 84

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

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EXCELSIOR SPRINGS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 116 VAUGHN ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CLAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EXCELSIOR SPRINGS
d. STREET ADDRESS (If rural, give location): 116 VAUGHN ST. 60000

3. NAME OF DECEASED (Type or Print)
a. (First): BARBARA
b. (Middle): DIANE
c. (Last): SHELTON

4. DATE OF DEATH (Month) (Day) (Year): JUNE 24 1953

5. SEX: FEMALE 1
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED 0
8. DATE OF BIRTH: MAY 19, 1953
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 1, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and State or Foreign Country): MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: TRIGG SHELTON
13b. MOTHER'S MAIDEN NAME: BYRONIA PAYNE
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: TRIGG SHELTON, 116 VAUGHN ST, EXCELSIOR SPRINGS, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Since Birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Tetralogy
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: 7540
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Birth, 19__, *to* 6/24, 1953, *that I last saw the deceased alive on* 6/23, 1953, *and that death occurred at* 9:25 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alegrus B. Robbins Mo.
23b. ADDRESS: Excelsior Springs Mo.
23c. DATE SIGNED: 6/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6-26-53
24c. NAME OF CEMETERY OR CREMATORY: CROWN HILL
24d. LOCATION (City, town, or county) (State): EXCELSIOR SPRINGS, MO.

DATE REC'D BY LOCAL REG.: 6/28/53
REGISTRAR'S SIGNATURE: Caroline Hutchings 62
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Claude Prichard Excelsior Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

AUG 18 1955

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 Lendell K. Jasman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs 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.