

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **32685**

FILED SEP 23 1953

BIRTH NO. **63037** REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4427** Registrar's No. **103**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Pulaski	b. CITY (If outside corporate limits, write RURAL and give township) Waynesville	a. STATE Missouri	b. COUNTY Pulaski
c. LENGTH OF STAY (In this place) --		c. CITY (If outside corporate limits, write RURAL and give township) Richland	0850
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hospital		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Dennis	b. (Middle) Ray	c. (Last) Shelton	9	10	53
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) X	8. DATE OF BIRTH 9/10/53		9. AGE (In years last birthday) 4 Months 1 Day 34 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Waynesville, Missouri	
12. CITIZEN OF WHAT COUNTRY? Missouri					

13a. FATHER'S NAME Carl Shelton	13b. MOTHER'S MAIDEN NAME Mary Jane Phillips	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Carl Shelton
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS Richland Mo

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure		DUE TO (b) Premature tv		4 1/2 hrs.
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 7735			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) Richland Missouri
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 9/10, 1953, to 9/10, 1953, that I last saw the deceased alive on 9/10, 1953, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>John A. Mikulevich, D.D.</i>	23b. ADDRESS Cröcker, Missouri	23c. DATE SIGNED Sept 10, 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 11, 53	24c. NAME OF CEMETERY OR CREMATORY Mt Union Cemetery
24d. LOCATION (City, town, or county) (State) Richland Missouri		

DATE REC'D BY LOCAL REG. 9-11-53	REGISTRAR'S SIGNATURE <i>Paula Mae Anderson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter P. Hedger</i>	ADDRESS Waynesville
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed 9-19-53
File Number _____

Public Health Officer _____

RECEIVED 9-11-53

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.

Not Embalmed

Student Embalmer No. _____

Student
Student Embalmer

Signed *Clarence Shoss*

Licensed Embalmer No. 4796

P. O. Address Waynesville, N.C.

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.