

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35658

State File No.

FILED NOV 13 1953

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Grundy</u>	
b. CITY OR TOWN <u>Grundy</u>		c. CITY OR TOWN <u>Trenton</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>810 & 17th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>810 & 17th St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Dale</u>	b. (Middle) <u>THOMAS</u>	c. (Last) <u>Shelton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 2 1953</u>
-------------------------------------	------------------------	---------------------------	--------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>July 15, 1898</u>	9. AGE (In years last birthday) <u>57</u>	10. UNDER 1 YEAR Months <u>3</u> Days <u>17</u>	11. UNDER 1 Wks. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MUSICIAN AND TAXICAB DRIVER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MUSICIAN</u>	11. BIRTHPLACE (State or foreign country) <u>Grundy Co. MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>Barley Shelton</u>	13b. MOTHER'S MAIDEN NAME <u>Mae Rose Babb</u>	14. NAME OF HUSBAND OR WIFE <u>MAMIE J. SHARP</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dale Shelton</u>	ADDRESS <u>Trenton, MO</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		INTERVAL BETWEEN ONSET AND DEATH <u>Indefinite</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of stomach</u>	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) (Min.)	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 June 20, 1953, to Oct. 2, 1953, that I last saw the deceased alive on Oct. 2, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. H. Haulers, M.D.</u>	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>Oct. 3-53</u>
---	--------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Oct. 4, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Honey Creek Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Grundy Co. MO</u>
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>10/4/53</u>	REGISTRAR'S SIGNATURE <u>Jane Jaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marie Blackmore</u>	ADDRESS <u>Trenton, MO</u>
---	---------------------------------------	---	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

402
1

0402
0

MAR 17 1954

NS OCT 16 1961

APR 5 1955

MAR 6 1956

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 *Harold L. Roberts*

Signed.....
Student Embalmer

Licensed Embalmer No. *4920*

P. O. Address *Evanton, 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.