.S. No. 200
v. 10.48

0940
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36968

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4461 Registrar's No. 368

1. PLACE OF DEATH
a. COUNTY: St.Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bismarck
c. LENGTH OF STAY (In this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: St.Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bismarck 0940
d. STREET ADDRESS (If rural, give location): 0

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

4. DATE OF DEATH (Month) (Day) (Year): Oct. 27 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: Feb. 24 1886
9. AGE (In years last birthday): 67 — If under 1 year: Months 8, Days 3; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman
10b. KIND OF BUSINESS OR INDUSTRY: insurance
11. BIRTHPLACE (City and State or Foreign Country): Caledonia Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Alexander Shelton
13b. MOTHER'S MAIDEN NAME: Ella White
14. NAME OF HUSBAND OR WIFE: ##

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.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Helen Stamper — **ADDRESS**: 604 Glendale Flat River 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) Cerebral Hemorrhage — Sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Uremia Sclerosis — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
331X
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* Oct 26, 1953, *to* Oct 27, 1953, *that I last saw the deceased alive on* Oct 27, 1953 *and that death occurred at* 4.30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jas N. Huffman
23b. ADDRESS: Bismarck Mo
23c. DATE SIGNED: 10-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10-29-53
24c. NAME OF CEMETERY OR CREMATORY: Presbyterian Cem.
24d. LOCATION (City, town, or county) (State): Caledonia Mo.

DATE REC'D BY LOCAL REG.: Oct. 29, 1953
REGISTRAR'S SIGNATURE: Esther Rudloff 2-29-54
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: White Funeral Home, Bismarck Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Overton, Tex

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.