

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38118

State File No. \_\_\_\_\_

FILED OCT 26 1953

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mansfield</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brixey</u>		0770	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mansfield Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Chester</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Shelton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-16-53</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>1-23-53</u>	
9. AGE (In years last birthday) _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) Months <u>8</u> Days <u>23</u> Hours _____ Min. _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Sweden, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Arthur Shelton.</u>			
13b. MOTHER'S MAIDEN NAME <u>Hazel Shelton</u>		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Shelton</u> ADDRESS <u>Brixey, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Laryngo tracheo bronchitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>upper respiratory infection</u> 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 <u>474 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>10-14, 1953</u> , to <u>10-16, 1953</u> , that I last saw the deceased alive on <u>10-16, 1953</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter P. Marshall</u> (Degree or title)				23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>10-19-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Whitescreek</u>		24d. LOCATION (City, town, or county) (State) <u>Ava, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-20-53</u>		REGISTRAR'S SIGNATURE <u>Walter P. Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinkingbeard</u> ADDRESS <u>Funeral Home, Ava, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1140

RECEIVED OCT 22 1953  
WRIGHT CO. HEALTH DEPT.  
County File Number 1053-143  
Date Filed 10-24-53

Family requested that body not be embalmed

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 Lyle C. Glinkingbeard

Licensed Embalmer No. 4830

P. O. Address Ada, 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.