

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44939**

FILED JAN 12 1954

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 193	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Taney			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Twp.		c. LENGTH OF STAY (in this place) 1 yr 2 mo 24 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bronson		, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp No. 3, NEVADA				d. STREET ADDRESS (If rural, give location) unknown			
3. NAME OF DECEASED (Type or Print) a. (First) James			b. (Middle) Walter		c. (Last) Shelton		4. DATE OF DEATH (Month) (Day) (Year) Dec. 30 1953
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 8 - 1878		9. AGE (In years, last birthday) If under 1 year If under 24 hrs. 75 - 7 22 22 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 (State or foreign country) unknown		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dave Shelton			13b. MOTHER'S MAIDEN NAME Fannie ?		14. NAME OF HUSBAND OR WIFE Bertie Shelton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hosp records			
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) Broncho-pneumonia					INTERVAL BETWEEN ONSET AND DEATH 4 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Organic Heart Generalized Arteriosclerosis / yr					
		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 None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT HOME <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from Oct 26 , 19 53 , to Dec 30 , 19 53 , that I last saw the deceased alive on Dec 30 , 19 53 , and that death occurred at 1:45 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE Shelton Rogert W.				23b. ADDRESS State Hosp Nevada		23c. DATE SIGNED 12/31/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-6-54		24c. NAME OF CEMETERY OR CREMATORY Sacramento Crest, Sacramento, Calif.		24d. LOCATION (City, town, or county) (State) Sacramento, Calif.	
DATE REC'D BY LOCAL REG. 1-6-54		REGISTRAR'S SIGNATURE Anna E. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE Edwin Lee		ADDRESS Fun Home, Nevada	

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

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 *Henry F. Melster*

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.