

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

1681

State File No.

FILED FEB 8 1954

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <i>Quoting</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>35yrs.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7100 Sni-A-Bar Road</u>		d. STREET ADDRESS (If rural, give location) <u>7100 Sni-A-Bar Road</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Albert</u>	b. (Middle) <u>Orval</u>	c. (Last) <u>Shelton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 25, 1954</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>Oct. 10, 1886</u>	9. AGE (In years last birthday) <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired 3MAS EMPLOYEE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>REPAIR DEPARTMENT FISHER BODY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>QUITMAN, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Francis H. Shelton</u>	13b. MOTHER'S MAIDEN NAME <u>Dermelia Luce</u>	14. NAME OF HUSBAND OR WIFE <u>Fanny L. Shelton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-10-1481</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Fanny L. Shelton - 7100 Sni-A-Bar Rd, Kansas City, Missouri</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>	DUPLICATE		
ANTECEDENT CAUSES	DUPLICATE		
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUPLICATE		
II. OTHER SIGNIFICANT CONDITIONS	DUPLICATE		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 1925, to Jan 25, 1954, that I last saw the deceased alive on 8-1, 1953, and that death occurred at 8:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Lucy H. Gustrom</u> (Degree or title)	23b. ADDRESS <u>1220 E 31st St K.C. Mo 64111-2654</u>	23c. DATE SIGNED <u>Jan 25 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 28 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W W Newcomers Sons</u> ADDRESS <u>1951 E. 25th St. Kansas City Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 27-1954</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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

No. 300
10. 48
200

12:00.5

FEB 5

1957

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 Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address K. C. 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.