

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9693

State File No. ....

BIRTH FILED MAR 30 1954 REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unionville	c. LENGTH OF STAY (in this place) 5 years	c. CITY OR TOWN Unionville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 086g	

3. NAME OF DECEASED (Type or Print) Lefe Shelton			4. DATE OF DEATH (Month) (Day) (Year) 2 23 1954		
5. SEX m	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-14-1878		9. AGE (In years less birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mo.	
12. CITIZEN OF WHAT COUNTRY? U S		13a. FATHER'S NAME Acie M. Shelton		13b. MOTHER'S MAIDEN NAME Anne Shipley	
14. NAME OF HUSBAND OR WIFE Jessie Shelton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	

17. INDEMNITY SIGNATURE OR NAME Lealie Shelton		ADDRESS Unionville Mo.	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) arteriosclerosis & hypertension		DUE TO (c) hypertension	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Years	

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) 331X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 2-21-1954, to 2-23-1954, that I last saw the deceased alive on 2-23-1954, and that death occurred at 2p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. L. Gidd		23b. ADDRESS 205 Unionville Mo		23c. DATE SIGNED 2/24/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-25-1954		24c. NAME OF CEMETERY OR CREMATORY Unionville Mo	
24d. LOCATION (City, town, or county) (State) Unionville Mo.		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. 3-27-54		REGISTRAR'S SIGNATURE Marcell Durbin		25. FUNERAL DIRECTOR'S SIGNATURE G.O. Husted	
				ADDRESS Unionville	

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

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2110

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.....  
Signature of Student Embalmer

Signed *Paul E. Husted*.....

Licensed Embalmer No. *333*.....

P. O. Address *Winnell*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.