

FILED MAY 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11541

State File No.

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 432 Registrar's No. 36

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Clay</u>	b. CITY (If outside corporate limits, write RURAL and give town) <u>Holt</u>	c. LENGTH OF STAY (in this place) <u>years</u>	d. FULL NAME OF HOSPITAL OR INSTITUTION
a. STATE <u>Missouri</u>	b. COUNTY <u>Clay</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Holt</u>	d. STREET ADDRESS (If rural, give location) <u>6000</u>

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>Stephen</u>	b. (Middle) <u>Horton D.</u>	c. (Last) <u>Shelton</u>	(Month) <u>April</u>	(Day) <u>20</u>	(Year) <u>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>July 26, 1886</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Deputy Assessor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>County Assessor</u>		11. BIRTHPLACE (State or foreign country) <u>Barry, Clay Co. Mo</u>	
13a. FATHER'S NAME <u>Charles Shelton</u>		13b. MOTHER'S MAIDEN NAME <u>Emaline Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Mary E.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs S D Shelton</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Maximus Cardiac Failure</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Carcinoma of Sigmoid Colon</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr - 3 yrs?</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Carcinoma of Sigmoid Colon</u>		III. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Sigmoid Colon 153 X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

19a. DATE OF OPERATION <u>1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Sigmoid Colon 153 X</u>		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) <u>Holt Clay Mo</u>	
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 Feb, 1954, to April, 1954, that I last saw the deceased alive on April 18, 1954, and that death occurred at 9 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Detest Buehler M.D.</u>		23b. ADDRESS <u>Lawson Mo</u>		23c. DATE SIGNED <u>April 22, 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 22, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leonard Fox</u>		25. ADDRESS <u>Kearney mo</u>	
DATE REC'D BY LOCAL REG. <u>April 27, 1954</u>		REGISTRAR'S SIGNATURE <u>Mabel R. New</u>		491	

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.

Signed Leonard Fry

Signed
Student Embalmer

Licensed Embalmer No. 1677

P. O. Address Kearney 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.