

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

State File No. **11639**

FILED MAY 10 1954

BIRTH NO. _____ REG. DIST. NO. **101** PRIMARY REG. DIST. NO. **5414** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, R, Washington		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, R, Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 02460	

3. NAME OF DECEASED (Type or Print) Francis M. Shelton	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 4-3-54
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED (Specify)	8. DATE OF BIRTH 1-11-72	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ava, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Francis M. Shelton	13b. MOTHER'S MAIDEN NAME Martha Ann Hartley	14. NAME OF HUSBAND OR WIFE Susie Summers Shelton
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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.	17. INFORMANT'S SIGNATURE OR NAME Sadie Jenkins, Ava, Missouri	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	19b. MAJOR FINDINGS OF OPERATION 490X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **3:27**, 19**54** to **only**, 19**54**, that I last saw the deceased alive on **3:29**, 19**54**, and that death occurred at **8:00** a.m., from the causes and on the date stated above.

23a. SIGNATURE J. L. Smyth M.D.	(Degree or title)	23b. ADDRESS Ava, Mo	23c. DATE SIGNED 5-5-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-6-54	24c. NAME OF CEMETERY OR CREMATORY Goodhope	24d. LOCATION (City, town, or county) (State) Goodhope, Missouri
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DATE REC'D BY LOCAL REG. 5-7-54	REGISTRAR'S SIGNATURE Wesley Bushman	25. FUNERAL DIRECTOR'S SIGNATURE Linkingbeard	ADDRESS Funeral Home, Ava, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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.....

Charles R. Fish

Licensed Embalmer No. *4662*

P. O. Address *Avon, 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.