

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33536

State File No. _____

FILED NOV 8 - 1954

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4182 Registrar's No. 12

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| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Haven Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Haven</u> | |
| c. LENGTH OF STAY (In this place) <u>25 years</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>0360</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Hazel</u> b. (Middle) <u>Bernice</u> c. (Last) <u>Shelton</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 31 54</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>Jan. 31st 1913</u> | | 9. AGE (In years last birthday) <u>41</u> | | 10. UNDER 1 YEAR <u>9</u> MONTHS <u>9</u> DAYS <u>9</u> HOURS <u>9</u> MIN. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hat Factory</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Hat Industry</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Chamois Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | | | |

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| 13a. FATHER'S NAME <u>Everett Quick</u> | | 13b. MOTHER'S MAIDEN NAME <u>Betty Harrison</u> | | 14. NAME OF HUSBAND OR WIFE <u>John Shelton</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>496-12-0851</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>John Shelton New Haven Mo</u> | |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
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| 21a. ACCIDENT SUICIDE HOMICIDE <u>Natural</u> (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, school, office bldg., etc.) <u>at home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Haven Franklin Mo</u> | |
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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? <u>Found dead in bed.</u> | |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Ernest L. Ottmann coroner</u> (Degree or title) | | 23b. ADDRESS <u>Harold Missouri</u> | | 23c. DATE SIGNED <u>Oct 31, 1954</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11-2-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>New Haven Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>New Haven Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>11/1-1954</u> | | REGISTRAR'S SIGNATURE <u>Hettie Murphy</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Deitz & Son New Haven Mo</u> | | ADDRESS | |
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(Licensed Embalmer's Statement on Reverse Side)

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

0360
1

NOV 17 1954

NOV 22 1954

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Carl C. Hertig

Licensed Embalmer No. 33 B.5

P. O. Address New Haven 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.