

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36370**

FILED DEC 10 1954

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>129</u>
1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (In this place) 7 days		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Kirksville Osteopathic Hosp.		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		
f. STREET ADDRESS (If rural, give location) 602-S-6th Street				
3. NAME OF DECEASED (Type or Print) a. (First) ANNIE b. (Middle) D. c. (Last) SHELTON		4. DATE (Month) (Day) (Year) OF DEATH Nov. 25, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 26, 1867	9. AGE (In years last birthday) 87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (State or foreign country) Lincoln County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Robert A. Austin		13b. MOTHER'S MAIDEN NAME Margaret Brendell	14. NAME OF HUSBAND OR WIFE Benjamin S. Shelton (D)	
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. None	17. INFORMANT'S SIGNATURE OR NAME Mr. Forest Wilson, Queen City, Mo. ADDRESS	
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) Medullary Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Circulatory Collapse DUE TO (c) Fracture of left hip II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9030 20		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Slipped on concrete Fell	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Queen City, Schuyler Co, Mo		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 19 54 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell while walking across room.		
22. I hereby certify that I attended the deceased from 11/19 , 19 54 , to 11/25 , 19 54 , that I last saw the deceased alive on 11/25 , 19 54 , and that death occurred at 2:10 Pm. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) W. G. Palmarsky, D.O.		23b. ADDRESS Kirksville, Mo 800 W. Jefferson	23c. DATE SIGNED 11-27-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-28-54	24c. NAME OF CEMETERY OR CREMATORY Llewellyn Cemetery	24d. LOCATION (City, town, or county) (State) Kirksville, Mo.	
DATE REC'D BY LOCAL REG. 11-27-54	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Robert B. Davis		ADDRESS Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Robert B. Harris*

Signed.....
Student Embalmer

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.