

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 1 1955

State File No. 6710

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 331

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. CITY OR TOWN Kinloch	
c. LENGTH OF STAY (In this place) 4 hr		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co., Hosp		STREET ADDRESS (If rural, give location) 1147 Waring	

3. NAME OF DECEASED a. (First) Anderson b. (Middle) c. (Last) Shelton			4. DATE OF DEATH Feb 6 1955		
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED, Married	
8. DATE OF BIRTH 3 May 1888		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and State or Foreign Country) West Point, Miss.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Willis Shelton		13b. MOTHER'S MAIDEN NAME Racheal (unknown)		14. NAME OF HUSBAND OR WIFE Zella Shelton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 499 01 9331		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annie Ellis, Kinloch, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral/Vascular Accident			INTERVAL BETWEEN ONSET AND DEATH ?
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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			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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 2-6, 1955, to 2-6, 1955, that I last saw the deceased alive on 2-6, 1955, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles Edward Buxton M.D.		23b. ADDRESS 6015 S. Brentwood, Clayton, Mo.		23c. DATE SIGNED 2-7-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10 Feb 55		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) Berkeley, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boyd Bros, Kinloch, Mo.			
DATE REC'D BY LOCAL REG. 2-9-55		REGISTRAR'S SIGNATURE Hubert R. Donke M.D.			

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..

Student.....
Signature of Student Embalmer

Signed *Edward A. Johnson*.....

Licensed Embalmer No. 444.....

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.