

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11203

State File No. ....

FILED MAY 10 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 121

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton Mo</u>		c. CITY OR TOWN <u>Jeria</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>25 da</u>		e. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>State Hospital No. 1, Fulton Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PETER</u> b. (Middle) <u>S</u> c. (Last) <u>SHELTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 11, 1955</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>Nov. 30, 1873</u>		9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>11</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Harman Shelton</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ann Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Martha E. Shelton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>D.K.</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records of State Hospital #1, Fulton</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Many years</u>	
		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 <u>none</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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) <u>none</u>		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 Apr. 18, 1955, to May 11, 1955, that I last saw the deceased alive on May 11, 1955, and that death occurred at 8:10 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank J. Nichols, M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hospital #1, Fulton Mo</u>		23c. DATE SIGNED <u>5-11-1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May-11-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Jeria</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo</u>					

DATE REC'D BY LOCAL REG. <u>May-11-1955</u>		REGISTRAR'S SIGNATURE <u>Marjette Lawrence</u> <u>42650</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter P. Hodge, Jeria Mo</u>	
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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 *Walter P. Hedger*.....

Licensed Embalmer No. *426*.....

P. O. Address *Albany, N.Y.*.....

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.