

10. 30
0. 48
370

FILED JUN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18236**

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5439 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Canaan Twp.</u>)	c. LENGTH OF STAY (In this place) <u>lifetime</u>	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rosebud, Mo. Route</u>		e. STREET ADDRESS (If rural, give location) <u>Rosebud, Mo. Rt. 23700</u>	

3. NAME OF DECEASED a. (First) <u>Elijah</u> b. (Middle) <u>Edward</u> c. (Last) <u>Shelton</u>			4. DATE OF DEATH <u>June 9, 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>Sept. 1, 1880</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
--------------------	-------------------------------	---	---------------------------------------	---	---	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>storekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Tea, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	---	--	--	---

13a. FATHER'S NAME <u>William Shelton</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Morris Shelton</u>	
---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>**</u>	16. SOCIAL SECURITY NO. <u>491-36-7050</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nellie Shelton</u> ADDRESS <u>Rosebud, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>	ANTECEDENT CAUSES			
	DUE TO (b) <u>Chronic Myocardial Degeneration</u>			<u>1 yr.</u>
	DUE TO (c) <u>Arteriosclerosis</u>			<u>1 yr.</u>
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 <u>H201</u>		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) (Min.)	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 6-9, 1955, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paula Branch, M.D.</u>	23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>6-11-55</u>
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-12-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>June 13, 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. Marion Jappin</u>	493	25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael A. H. Winter</u> ADDRESS <u>OWENSVILLE</u>
---	---	-----	--

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 12 1952

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 *Melford F. H. White*

Licensed Embalmer No. 38

P. O. Address *OWEN 501*

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.