

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22744

FILED JUL 19 1955

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY OR TOWN Odessa	c. LENGTH OF STAY (in this place) 16 yrs	c. CITY OR TOWN Odessa	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 DRR DRR		e. STREET ADDRESS (If rural, give location) 0540	

3. NAME OF DECEASED (Type or Print) a. (First) Otha	b. (Middle) Delbro	c. (Last) Sheldon	4. DATE OF DEATH (Month) (Day) (Year) July 5, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH April 21, 1882
9. AGE (In years) 73	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist	11. BIRTHPLACE (City and State or Foreign Country) Miami Co., Kansas	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME David Sheldon	13b. MOTHER'S MAIDEN NAME Atlanta V. Lane	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or not known) (If yes, give war or dates of service) No	16. SOCIAL SECURITY 495-01-4382	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Max Sheldon Kansas City, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) Diabetes		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Found dead in a chair on his back porch. Dead 10-12 hrs. when found.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No surgery	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) M	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)	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 **the death**, 19 **7-6**, 19 **55**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Martin, M.D. Coronar	23b. ADDRESS Odessa Mo	23c. DATE SIGNED 7-6-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 8, 1955	24c. NAME OF CEMETERY OR CREMATORY Paola Cemetery	24d. LOCATION (City, town, or county) (State) Paola, Kansas
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DATE REC'D BY LOCAL REG. 7/6/55	REGISTRAR'S SIGNATURE Emma Davidson	4530	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Husman-Sparks Odessa, Mo.
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(Licensed Embalmer's Statement on Reverse Side) **Henry L. Husman**

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

0540

AUG 23 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. T. Sparks*

Licensed Embalmer No. *44*

P. O. Address *Odessa*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.