

27333

State File No.

STANDARD CERTIFICATE OF DEATH

FILED SEP 14 1955

No. 300
10.48

0910

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

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>6042</u>		Registrar's No. <u>557</u>			
1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>					
b. CITY OR TOWN <u>Oxly, Rural, Varner</u>		c. LENGTH OF STAY (In this place) <u>15 yrs.</u>		c. CITY OR TOWN <u>Oxly, Rural, Varner</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, Oxly, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>					
3. NAME OF DECEASED (Type or Print) <u>William</u>		a. (First) <u>Henry</u>		b. (Middle) <u>Shelton</u>		c. (Last)			
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>15</u>		(Year) <u>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>April 12, 1872</u>			
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>3</u>		IF UNDER 24 HRS. 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>Retired</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Wayne Co. Ill.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>Harvey Henry Shelton</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Emilys Frances 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) -----		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gladys Allen</u> ADDRESS <u>Neelyville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage from stomach</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cancer of stomach</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>hypertension</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</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 <u>June 10, 1955</u> , to <u>June 10, 1955</u> , that I last saw the deceased alive on <u>June 10, 1955</u> , and that death occurred at <u>9:10A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>H. E. ...</u> (Degree or title) <u>me</u>				23b. ADDRESS <u>Raylor mo</u>		23c. DATE SIGNED <u>6/20/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-18-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ripley Co. mo</u>			
DATE REC'D BY LOCAL REG. <u>8-30-55</u>		REGISTRAR'S SIGNATURE <u>E. D. Johnston</u> <u>277</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell-Ermert</u>		ADDRESS <u>Corning, Ark.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

-----Me----- Student Embalmer No. -----

working under my personal supervision.

Student
Student Embalmer

Signed Lashie D. Russell

Licensed Embalmer No. 532 Ark

P. O. Address Corning, Ark.

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.