

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marionville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Craig</u>	
c. LENGTH OF STAY (in this place) <u>6 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>0440 / 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ethel</u>	b. (Middle) <u>-</u>	c. (Last) <u>Shelton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15, 1955</u>
--	----------------------------	-------------------------	-----------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 3, 1900</u>	9. AGE (In years last birthday) <u>55</u> # UNDER 1 YEAR Months # UNDER 24 HRS. Days Hours Min.
-------------------------	----------------------------------	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>In the home</u>	11. BIRTHPLACE (State or foreign country) <u>Pattonburg, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	---

13a. FATHER'S NAME <u>Henry Schweedler</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>James Isaac Shelton</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Don Shelton - Corning, Mo.</u>	ADDRESS
---	--	--	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Glomerulo-nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5yo</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>592x</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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute) (Second) m.	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 July 55, 1955, to Nov 15, 1955, that I last saw the deceased alive on Nov 15, 1955, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>G. R. Emery, M.D.</u>	(Degree or title)?	23b. ADDRESS <u>Marionville, Mo.</u>	23c. DATE SIGNED <u>11/15/55</u>
--	--------------------	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial & Removal</u>	24b. DATE <u>11/17/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>	24d. LOCATION (City, town, or county) (State) <u>Craig, Mo.</u>
--	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>11-19-55</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur L. Schoeder</u>	ADDRESS <u>Craig, Mo.</u>
---	---	---	------------------------------

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 _____

Myself
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *Wilber L. Scholer*

Licensed Embalmer No. *3997*

P. O. Address *Craig, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform the above constitutes grounds for revocation of license.)

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