

FILED MAR 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5897

BIRTH NO. _____		REG. DIST. NO. <u>282</u> PRIMARY REG. DIST. NO. <u>5979</u> Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.R. #1 Willard</u>		c. CITY OR TOWN <u>Willard</u>	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>RR #1</u>		STREET ADDRESS (If rural, give location) <u>R.R. #1</u> <u>0840</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>AUSTIN</u> c. (Last) <u>SHELTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 3 - 1956</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>Jan 24 - 1885</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Douglas County - Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Francis M. Shelton</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Hartley</u>		14. NAME OF HUSBAND OR WIFE <u>Charlotte 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>487-28-5627</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Charlotte Shelton - Willard - 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral thrombosis</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 _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		332X	
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) _____	
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 _____, 19 <u>56</u> , to <u>called after death</u> , 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 <u>J. Barber md</u> (Degree or title)		23b. ADDRESS <u>Walnut Grove Mo.</u>	
23c. DATE SIGNED <u>3-3-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-6-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Willard - Mo.</u>		DATE REC'D BY LOCAL REG. <u>Mar 3 - 1956</u>	
REGISTRAR'S SIGNATURE <u>Ralph Gordon Kuehn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bern - Daniel - Walnut Grove - Mo.</u>	
ADDRESS _____		ADDRESS _____	

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

1956
MARR A

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.....
Joseph L. Souvel

Licensed Embalmer No..... 470

P. O. Address.....
Chick Grove

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.