

FILED FEB 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. 7607

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 548		Registrar's No. 398					
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves		c. LENGTH OF RESIDENCE (in this place) 10 1/2 Yrs.		c. CITY OR TOWN Webster Groves		d. 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 (If not in hospital or institution, give street address or location) 729 Atlanta				e. STREET ADDRESS (If rural, give location) 729 Atlanta							
3. NAME OF DECEASED (Type or Print) NORA			a. (First)		b. (Middle)		c. (Last) SHELTON				
4. DATE OF DEATH (Month) (Day) (Year) 2-10-1956		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-19-1870			
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months		YEAR Days		IF UNDER 24 HRS. Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home			11. BIRTHPLACE (City and State or Foreign Country) Lawrence Co., Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME George Messick			13b. MOTHER'S MAIDEN NAME Mary Boyd			14. NAME OF HUSBAND OR WIFE Chrispin R. Shelton					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Max P. Shelton, 9015 Greenridge			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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Carcinoma of Ascending Colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 12 mo			
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						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)			153X			
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 Jan 15, 1955, to Feb 10 th , 1956, that I last saw the deceased alive on Feb 9, 1956, and that death occurred at 7 A. M., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) D. Seabaugh M.D.				23b. ADDRESS Webster Groves Mo				23c. DATE SIGNED 2/11/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-13-1956		24c. NAME OF CEMETERY OR CREMATORY Vallhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri					
DATE REC'D BY LOCAL REG. 2-11-56		REGISTRAR'S SIGNATURE Robert R. Donahue M.D.			25. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS McLAUGHLIN F.H., INC. 2301 Lafayette						

(Licensed Embalmer's Statement on Reverse Side)

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

Dr O.H. Seaborn
105 W. Jackson St

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 *H. G. Jarvis*

Licensed Embalmer No. *33*

P. O. Address *H. Jarvis*

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.