

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9308

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1602</u>		Registrar's No. <u>1000</u>			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 11 yrs.		c. CITY OR TOWN Kansas City		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 7228 Jarboe				e. STREET ADDRESS (If rural, give location) 92 7228 Jarboe					
3. NAME OF DECEASED (Type or Print)			a. (First) ROBERT			b. (Middle) MONROE			
			c. (Last) SHELTON			4. DATE OF DEATH (Month) (Day) (Year) March 6, 1956			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 17, 1894			
				9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months _____ Days _____			
				IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive			10b. KIND OF BUSINESS OR INDUSTRY Amusement Corp.			11. BIRTHPLACE (City and State or Foreign Country) Mexico, Missouri			
						12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Robert M. Shelton, Sr.			13b. MOTHER'S MAIDEN NAME Virginia McCubbin			14. NAME OF HUSBAND OR WIFE Catherine Ann Shelton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I			16. SOCIAL SECURITY NO. 495-07-1107			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Catherine Mrs. Ray Shelton, 7228 Jarboe, K.C. 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma testis				INTERVAL BETWEEN ONSET AND DEATH 6 mos.	
				ANTECEDENT CAUSES Primary Carcinoma of Penis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (Always had Carcinoma)				1 year.	
				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.				162X	
19a. DATE OF OPERATION 9/22/55		19b. MAJOR FINDINGS OF OPERATION Biopsy of Penis - Alveolar Cell Carcinoma						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)					
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 <u>9/13</u> , 19 <u>55</u> , to <u>3/6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3/4</u> , 19 <u>56</u> , and that death occurred at <u>1:12 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE P. L. Byers M.D.				23b. ADDRESS 4635 W. Gaudette, K.C. Mo.				23c. DATE SIGNED 3/6/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-8-56		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri			
DATE REC'D BY LOCAL REG. 3-8-56		REGISTRAR'S SIGNATURE neva minshall			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.MO.				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Phillip Byers
4635 Wyandotte
Je 1-5663

Exp 1:160

After 11:30

APR 28 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edna D. Zipek*

Licensed Embalmer No. *481*

P. O. Address *Kansas City*

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