

FILED JUL 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24444

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>Miller</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <b>Missouri</b> c. COUNTY <b>Miller</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Brumley</b> )		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Brumley</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home Glaize twp</b>				e. STREET ADDRESS (If rural, give location) <b>Rural Rt 1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Willard</b> b. (Middle) <b>Alanzo</b> c. (Last) <b>Shelton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 14, 1956</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5/2/1897</b>		9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Brumley Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Bennett Shelton</b>		13b. MOTHER'S MAIDEN NAME <b>Rhodia Ann Duncan</b>		14. NAME OF HUSBAND OR WIFE <b>Verdie Witt Shelton</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>W.W.I</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Verdie Shelton Brumley, Mo.</b>			
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Cirrhosis of Liver</b> ANTECEDENT CAUSES * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Secondary Anemia.</b> DUE TO (c) ✓ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 YRS</b>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 <b>June 18, 1956</b> , to <b>July 14, 1956</b> , that I last saw the deceased alive on <b>July 8, 1956</b> and that death occurred at <b>12:30</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>John A. Mikulovich, M.D.</b>				23b. ADDRESS <b>Crocker, Mo.</b>		23c. DATE SIGNED <b>7-18-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/15/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Union</b>		24d. LOCATION (City, town, or county) (State) <b>Brumley Mo</b>		
DATE REC'D BY LOCAL REG. <b>July 18, 1956</b>		REGISTRAR'S SIGNATURE <b>Jessie Perkins</b>		25. NAME OF FUNERAL HOME ADDRESS <b>Hedges Funeral Homes Iberia, Mo.</b>			

RECEIVED

JUL 25 '56

Miller County  
Health Department

JUL 30 1956

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 *Walter P. Hayes*  
426  
Licensed Embalmer No. ....  
P. O. Address *Beers, Va*

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.