

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

XC-UNKNOWN FILED OCT 17 1956
REG. NO. 12704

33268
STATE FILE NUMBER

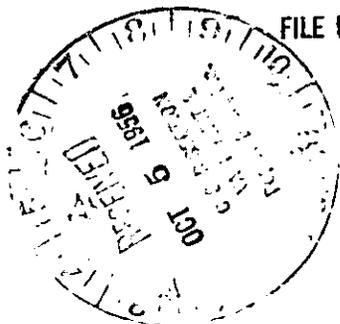
Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 497

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PEMISCOT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN HAYTI Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		d. STREET ADDRESS 505 SOUTH FIRST STREET	
Length of stay in 1b 1 Day		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST MARVIN HUNTER SHELTON			4. DATE OF DEATH Month Day Year OCTOBER 1, 1956
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-21-08
9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF-EMPLOYED-DRY CLEANERS BUSINESS	11. BIRTHPLACE (City and state or country) ARLINGTON, KENTUCKY
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME M. R. SHELTON		14. MOTHER'S MAIDEN NAME DESSIE NOLAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES WWII		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT VA HOSPITAL RECORDS, POPLAR BLUFF, MO.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE Conditions, if any, which gave rise to above cause (a): stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3.31x	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) VA	
20f. CITY, TOWN, OR LOCATION VA		COUNTY STATE	
21. Attended the deceased from October 1, 1956 to October 1, 1956 Death occurred at 5:55 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. D. BASKETT, M.D., Chief, Medical Svc.		22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	
22c. DATE SIGNED 10-2-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-1-56	
23c. NAME OF CEMETERY OR CREMATORY East Woodlawn		23d. LOCATION (City, town, or county) Hayti Mo (State)	
24. FUNERAL DIRECTOR John H. German Hayti, Mo		25. DATE RECD. BY LOCAL REG. 10/9/56	
26. REGISTRAR'S SIGNATURE John H. German			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED
OCT 15 1956
BUTLER CO. HEALTH CENTER

FILE No. _____



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 *John St. German*

Licensed Embalmer No. *430*

P. O. Address *Haiti*

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.