

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8002

State File No.

FILED MAR 18 1957

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Excelsior Springs</u>		c. LENGTH OF STAY (in this place) <u>13 hrs.</u>	c. CITY OR TOWN <u>Excelsior Springs</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u>		STREET ADDRESS (If rural, give location) <u>900 St. Louis Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEO</u> b. (Middle) <u>RUSSELL</u> c. (Last) <u>SHELDON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17, 1957</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chiropodist</u>		8. DATE OF BIRTH <u>Dec. 12, 1892</u>	
				9. AGE (In years last birthday) <u>64</u>	
				11. BIRTHPLACE (City and State or Foreign Country) <u>Concordia, Kansas</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Hervey R. Shelton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Fisher</u>		14. NAME OF HUSBAND OR WIFE <u>Blanche E. Sheldon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>WW I</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Blanche Sheldon</u> ADDRESS <u>900 St. Louis Ave., Ex. Spr.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u></p> <p>ANTECEDENT CAUSES</p> <p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p> <p>DUE TO (b) <u>hypertension</u></p> <p>DUE TO (c)</p>		II. OTHER SIGNIFICANT CONDITIONS			12 hrs.	
		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p><u>Auricular ventricular block-auricular fibrillation</u></p>			12 hrs.	
		19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <u>2</u> 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 2/8/57, 1957, to 2/17/57, 1957, that I last saw the deceased alive on 2/17, 1957, and that death occurred at 5:00A., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>2/22/57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-20-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rochester, Minnesota</u>	
DATE REC'D BY LOCAL REG. <u>2/28/57</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Funeral Home, Inc. Excelsior Springs, Missouri</u>			

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

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