

FILED SEP 16 1957

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Salina	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		d. STREET ADDRESS 712 Johnstown	
3. NAME OF DECEASED (Type or print) First Middle Last Harold Wentworth Shelton		4. DATE OF DEATH Month Day Year Aug. 15, 1957	
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 10-22-1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor & Brakeman		10b. KIND OF BUSINESS OR INDUSTRY UP Railroad	11. BIRTHPLACE (City and state or country) Saline County, Kansas
13. FATHER'S NAME Albert Shelton		14. MOTHER'S MAIDEN NAME Cora Walker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 514-14-3116	17. INFORMANT Mrs. Neva Shelton
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory depression DUE TO (b) Intracranial Hypertension DUE TO (c) Brain Tumor (Glioma) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1957 19 WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Aug. 1957 to 15 Aug 57 and last saw her alive on 15 Aug 57 Death occurred at St. Mary's Hosp. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) F. A. Carmichael M.D.		22b. ADDRESS 411 Nichols Road	22c. DATE SIGNED 17 Aug 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-15-1957	23c. NAME OF CEMETERY OR CREMATORY Gypsum Hill Cemetery	23d. LOCATION (City, town, or county) (State) Salina, Kansas.
24. FUNERAL DIRECTOR K. H. FULTON 1874 WASHINGTON		25. DATE RECD. BY LOCAL REG. 8-17-57	26. REGISTRAR'S SIGNATURE Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

F. A. Carmichael



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..... *R. A. FULTON*

Licensed Embalmer No. *350*

P. O. Address *K.C.M.*

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.