

FILED DEC 31 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44881

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5575 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rock Township Mo</u>		c. CITY OR TOWN <u>SULPHUR SPRINGS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SULPHUR SPRINGS</u>		d. STREET ADDRESS <u>SULPHUR SPRINGS Mo</u>	
3. NAME OF DECEASED (Type or print) <u>JOHN B. SHELTON</u>		4. DATE OF DEATH <u>DEC 14 1957</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APR 14 1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CARPENTER.</u>	
13. FATHER'S NAME <u>HOUSTON SHELTON</u>		14. MOTHER'S MAIDEN NAME <u>HARRIETT JANE WHEAT</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-32-2890A</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Original</u> DUE TO (b) <u>Senility</u> DUE TO (c) _____ 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.) <u>4202</u>	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Sulphur Springs Jefferson Mo</u>	
21. I attended the deceased from _____ 1954 to _____ 1957 and last saw her alive on _____ 1957 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Name or title) <u>[Signature]</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>DEC 17-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>BURGESS Cemezery</u>		23d. LOCATION (City, town, or county) (State) <u>ANTONIA Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>HEILIGTAG - IMPERIAL Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-16-57</u>	
		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 26 1957

JAN 15 1958  
DEC 25 1957  
JAN 8 1958

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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 *Arthur W. Skelington*

Licensed Embalmer No. *3872*

P. O. Address *Imperial*

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.