

FILED JAN 16 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **47155**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **103**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and below.) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY OR TOWN Advance	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 9 days		e. STREET ADDRESS (If rural, give location) Route # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) FRED	b. (Middle) ----	c. (Last) SHELDEN	4. DATE OF DEATH (Month) (Day) (Year) Aug. 20-1957
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 9, 1879	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 1 Days 11	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Crop farming	11. BIRTHPLACE (City and State or Foreign Country) Hardin Co., Illinois	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME John Shelden	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Averil Shelden
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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. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Averil Shelden, Advance, Mo. R. #2	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident, left cerebral by hypertension		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterial hypertension DUE TO (c) general arterio sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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)
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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
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22. I hereby certify that I attended the deceased from **Aug 19, 1957**, to **Aug 20, 1957**, that I last saw the deceased alive on **Aug 20, 1957**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Harlin O. Hemmickson M.D.	22b. ADDRESS Poplar Bluff Mo	22c. DATE SIGNED Aug 21 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 22-57	24c. NAME OF CEMETERY OR CREMATORY Rock Point cemetery	24d. LOCATION (City, town, or county) (State) Stoddard Co. Missouri
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DATE REC'D BY LOCAL REG. 1/14/58	REGISTRAR'S SIGNATURE B. Brunette	25. FUNERAL DIRECTOR'S SIGNATURE CHILES UND. CO., BLOOMFIELD, MO.	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JAN 13 1958

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 Lulu Cooper #2499....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... Juan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield

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.