

FILED FEB 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005294

State File No.

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Oregon</u>		c. LENGTH OF STAY (in this place) <u>3 Years</u>	c. CITY OR TOWN <u>Oregon</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>0440</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u> b. (Middle) <u>Levi</u> c. (Last) <u>Shelton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16, 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 4, 1919</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Livestock Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>38</u>
		11. BIRTHPLACE (City and State or Foreign Country) <u>Maryville Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Charles Andrew Shelton</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva Jane Ebrecht</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy Shelton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>488-14-6823</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elmer L. Shelton</u> ADDRESS <u>Oregon, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 INSTANT</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS.</u>		ANTECEDENT CAUSES		DUE TO (b) <u>CORONARY ATTACK LAST SUMMER</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
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		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No.</u>		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 No., 19 , to No., 19 , that I last saw the deceased alive on No., 19 , and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. H. E. Coburn, D.O. Corvallis, OR</u> (Degree or title)		23b. ADDRESS <u>0440 Oregon, Mo.</u>		23c. DATE SIGNED <u>2/21/58.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 19, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Maryville, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>2-21-1958</u>		REGISTRAR'S SIGNATURE <u>James H. Crawford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pettigrew</u> ADDRESS <u>Oregon Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *James H. Pettigrew*.....
Licensed Embalmer No. *3192*
P. O. Address... *Oregon 9*.....

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.