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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031866
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 983

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN: St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo. Meth. Hosp. — Length of stay in 1b: 35 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph 0117 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 708 N. 10th St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: WILLIAM Middle: LARKIN Last: SHELTON

4. DATE OF DEATH Month Day Year: Sept. 15, 1958

5. SEX: male 0 **6. COLOR OR RACE**: white **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: May 19, 1882 **9. AGE** (In years last birthday): 76 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: Furnace Supply Co.
11. BIRTHPLACE (City and state or country): Ray County, Missouri U
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: David T. Shelton
13b. MOTHER'S MAIDEN NAME: Mary Francis Hunt
14. NAME OF HUSBAND OR WIFE: Algie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: 491-10-2370
17. INFORMANT: Mrs. William Shelton, 708 N. 10th, St. Joseph, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Laryngeal obstruction with cardiac arrest — from noon
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): atelectasis — 9-14-58 to
DUE TO (c): Mediastinal emphysema - perforation Neoplasm — 8 Am 9-15-58

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 9210/18

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [X] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): impacted meat eroded esophageal wall - vomiting and straining attempt to expectorate caused air to escape into mediastinum
20c. TIME OF INJURY Hour a.m. p.m.: noon Month, Day, Year: 9-14-58
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
20f. CITY, TOWN, OR LOCATION: St Joseph **COUNTY**: Buchanan 031 **STATE**: Mo

21. I attended the deceased from 9-14-58, to 9-15-58 and last saw him alive on 8-15-58
Death occurred at 8:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): O. Earl Whitsell M.D.
22b. ADDRESS: 824 Edmond St Joseph Mo.
22c. DATE SIGNED: 9-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 9/17/1958
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park
23d. LOCATION (City, town, or county) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR: Keston-Bowman **ADDRESS**: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Sept. 16, 1958
26. REGISTRAR'S SIGNATURE: Mrs. Clark Hoskell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Dr. O. Earl Whitsell

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 John W. Henrick Jr.

Licensed Embalmer No. 4848

P. O. Address K. C. Mo.

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.