Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001518
STATE FILE NUMBER 305

FILED FEB 5 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) KANSAS City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) D.O.A. GENERAL HOSPITAL — Length of stay in 1b FEW MINUTES

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS b. COUNTY JOHNSON
c. CITY OR TOWN PRAIRIE VILLAGE 9156 8 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 7806 NORWOOD DRIVE — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First DONALD Middle COY Last SHELTON
4. DATE OF DEATH Month JAN. Day 16, Year 1959

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH JAN. 11, 1936
9. AGE (In years last birthday) 23 — 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) INSURANCE SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY COMMERCIAL LIFE OF MISSOURI
11. BIRTHPLACE (City and state or country) MANSFIELD, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME DONALD HOWARD SHELTON
13b. MOTHER'S MAIDEN NAME RUTH VIRGINIA POPE
14. NAME OF HUSBAND OR WIFE DORIS SHELTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) KOREAN
16. SOCIAL SECURITY NO. 512-28-8565
17. INFORMANT MRS. DORIS SHELTON — Address 7806 NORWOOD DRIVE PRAIRIE VILLAGE, KANSAS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Shock + Hemorrhage resulting
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) from Multiple Laceration of Liver
DUE TO (c) + Mesentery
INTERVAL BETWEEN ONSET AND DEATH

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 [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.) Car ran off Highway
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 1-16-59
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.) Highway
20f. CITY, TOWN, OR LOCATION — COUNTY Jackson STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 2:40 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Geo C. Kealhofer MD Deputy Coroner
22b. ADDRESS 6627 Prospect Kansas
22c. DATE SIGNED 1-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JAN-16-1959
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) (State) MANSFIELD MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS — ADDRESS 1331 BRUSH CREEK KANSAS City, MO.
25. DATE RECD. BY LOCAL REG. 1-16-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Geo. C. Kealhofer

FEB 27 1959 FEB 5 1959

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 Verne Fowler

Licensed Embalmer No. 4915

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.