RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-032954

FILED VS OCT 7 1959

DED

Registration District No. 283 Primary Registration District No. 3037 Registrar's No. 110

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mt. Vernon
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 527 E. Center St.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Mt. Vernon
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 527 E. Center St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Jennie Middle: B. Last: Shelton
4. DATE OF DEATH: Month: 9 Day: 27 Year: 59
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-29-1882
9. AGE (last birthday): 76
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady
10b. KIND OF BUSINESS OR INDUSTRY: Dept. Store
11. BIRTHPLACE (City and state or country): Lawrence Co., Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: G.T.Shelton
13b. MOTHER'S MAIDEN NAME: Penelope A. Shelton
14. NAME OF HUSBAND OR WIFE: Never married
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.: 495-07-2692
17. INFORMANT: Miss Mildred Shelton Address: Mt. Vernon, Mo.

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): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Hemorrhage — 58 hrs.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-24-59, to 9-27-59 and last saw her alive on 9-26-59.
Death occurred at 7.48 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. L. Bousum D.O. (Degree or title)
22b. ADDRESS: Mt. Vernon, Mo
22c. DATE SIGNED: 9-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-29-59
23c. NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery
23d. LOCATION (City, town, or county) (State): Mt. Vernon, Mo.
24. FUNERAL DIRECTOR: H.D.Fossett ADDRESS: Mt. Vernon, Mo.
25. DATE RECD. BY LOCAL REG.: 9-30-59
26. REGISTRAR'S SIGNATURE: Cecil Hendricks

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

DE

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by me, Student Embalmer No.

working under my personal supervision.

Student _____ Signed H D Fassett

Signature of Student Embalmer

Licensed Embalmer No. 220

P. O. Address Mt Vern

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor 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.