URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-007662

FILED VS MAR 1 1960

STATE FILE NUMBER

ENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Union
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1 Mile So. Dixon on Hiway #28
Inside Limits Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First: Joseph Middle: Heltzell Last: Shelden
4. DATE OF DEATH Month: 2 Day: 18 Year: 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/10/1944
9. AGE (last birthday) 15
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) High School Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Hooker, Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Louis H. Shelden
13b. MOTHER'S MAIDEN NAME Nellie May George
14. NAME OF HUSBAND OR WIFE X
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. None
17. INFORMANT Mr. Louis H. Shelden, Address Dixon, Missouri

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) Skull Fracture & Crushed chest.
INTERVAL BETWEEN ONSET AND DEATH inst.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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.) Automibile Accident.
20c. TIME OF INJURY Hour 9:00 a.m. p.m. Month, Day, Year 2 18 1960
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.) Hwy 28 ½ mil S. of
20f. CITY, TOWN, OR LOCATION Dixon, COUNTY Pulaski STATE Missouri

21. I attended the deceased ~~XXX~~ on 2/18/1960, to _____ and last saw her/him alive on _____
Death occurred at Aprox. 9:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) County Coroner.
22b. ADDRESS Richland, Missouri
22c. DATE SIGNED 2/20/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/21/1960
23c. NAME OF CEMETERY OR CREMATORY Sheppard Cemetery
23d. LOCATION (City, town, or county) (State) Pulaski County, Missouri

24. FUNERAL DIRECTOR ADDRESS Gilbert Funeral Home, Inc., Dixon, Mo.
25. DATE RECD. BY LOCAL REG. 2-20-60
26. REGISTRAR'S SIGNATURE Eula Faye Anderson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Maurice E Schuerb

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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