

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-009229

FILED MS FEB 24 1960

Registration District No. 317 Primary Registration District No. 545 Registrar's No. 267 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maplewood		Length of stay in 1b MANS.	c. CITY OR TOWN Maplewood ST LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Maplewood N. Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7179 Linden Pl. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Le ROY Middle H. Last SHELTON			4. DATE OF DEATH Month January Day 24 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-14-81	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Security Guard		10b. KIND OF BUSINESS OR INDUSTRY Steel		11. BIRTHPLACE (City and state or country) Marion Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George W. Shelton		13b. MOTHER'S MAIDEN NAME Eliza Sooter		14. NAME OF HUSBAND OR WIFE Bessie Lawson Shelton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-01-1387		17. INFORMANT Bessie L. Shelton,		Address above	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH Year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Parkinsonism		Year
DUE TO (c) Chronic Cystitis		420-0 Month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 April 5, 1945 to Jan. 23, 1960 and last saw her/him alive on Jan 22, 1960
Death occurred at 12:10 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Decease or title) <i>Edward O. Webster</i>		22b. ADDRESS M.D. 204 E. Big Bend Blvd. Webster Gr., Mo.	22c. DATE SIGNED 2-25-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-26-60	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kirkwood, Mo.
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.	25. DATE RECD. BY LOCAL REG. 1-26-60	26. REGISTRAR'S SIGNATURE <i>John B. Mayfield</i>	

DOCUMENT

MEDICAL CERTIFICATION

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

J. Allen Davis

Licensed Embalmer No. 4053

P. O. Address Edt.

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.