

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013260

STATE FILE NUMBER

Registration District No. 118 Primary Registration District No. 4188 Registrar's No. 13

AMENDED

FILED APR 17 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Owensville		Length of stay in 1b 7 yrs.	c. CITY OR TOWN Owensville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 518 Oak St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 518 Oak St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Edward Eugene Shelton			4. DATE OF DEATH Month Day Year April 9, 1961
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 9-10-1879
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter		10b. KIND OF BUSINESS OR INDUSTRY carpentering	11. BIRTHPLACE (City and state or country) Washington, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME George Shelton	
13b. MOTHER'S MAIDEN NAME Martha Havener		14. NAME OF HUSBAND OR WIFE Mamie Benson 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. **	
17. INFORMANT Mrs. Mamie Shelton		Address Owensville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) <u>Left Hemiplegia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, esp. cerebral</u> DUE TO (c) <u>Hypertension</u>			INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> <u>9 days +</u> <u>9 days +</u>
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. <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 <u>3-31-61</u> to <u>4-9-61</u> and last saw ^{her} him alive on <u>4-8-61</u> Death occurred at <u>4:15 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Renee Grant, M.D.</u> (Degree or title)		22b. ADDRESS <u>Owensville, Mo.</u>	22c. DATE SIGNED <u>4-10-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-11-1961	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Owensville, Mo.
24. FUNERAL DIRECTOR Gottenstroeter Funeral Home <u>Wesford H H Hunter</u> (Licensed Embalmer's Statement on Reverse Side)		25. DATE RECD. BY LOCAL REG. April 11, 1961	26. REGISTRAR'S SIGNATURE <u>Mrs. Maria Jappmeyer</u>

APR 19 1961

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 FERRY A THOMPSON, Student Embalmer No. 624

working under my personal supervision.

Student Ferry A. Thompson
Signature of Student Embalmer

Signed Wilford H. H. [Signature]

Licensed Embalmer No. 3838

P. O. Address QUINCY ILL

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.