

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026506

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 239

AMENDED FILED JUN 28 1961

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>MISSOURI</u> b. COUNTY <u>ST FRANCOIS</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BONNE TERRE MO.</u>		Length of stay in 1b <u>2, Hrs.</u>	c. CITY OR TOWN <u>FARMINGTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSP.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>708 STE. GENEVIEVE AVE.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES WEBER SHELTON</u>			4. DATE OF DEATH Month Day Year <u>JUNE 17 1961</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/7/81</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MERCHANT</u>	11. BIRTHPLACE (City and state or country) <u>GALATIA ILL.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN JASPER SHELTON</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>CARRIE JONES SHELTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>MRS CARRIE SHELTON FARMINGTON MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>C coronary thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>one hr</u>
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. <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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.					
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>Jun 17.61</u> to <u>June 17.61</u> and last saw ^{her} him alive on <u>June 17.61</u> Death occurred at <u>8 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
21a. SIGNATURE (Degree or title) <u>Alvan Karaker M.D.</u>			22b. ADDRESS <u>Farmington, Mo</u>		22c. DATE SIGNED <u>6-19-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6/20/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HILLVIEW MEM. GARDEN</u>		23d. LOCATION (City, town, or county) <u>FARMINGTON</u>	(State) <u>MISSOURI</u>
24. FUNERAL DIRECTOR <u>C.H.COZEAN FARMINGTON MO.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>June 19, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>

DEC 20 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *W. A. Cozart*

Licensed Embalmer No. 04084

P. O. Address Langston 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.