

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027336

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7418

STATE FILE NUMBER

FILED AUG 14 1961

1. PLACE OF DEATH a. COUNTY (City of) <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>8+ hours</u>	c. CITY OR TOWN <u>ST. LOUIS</u> 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 <u>MISSOURI BAPTIST HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>XXXXXXXXXX 4007a Cleveland</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>Wayne</u> Last <u>Shelton</u>			4. DATE OF DEATH Month <u>July</u> Day <u>29</u> Year <u>1961</u> at <u>9:05 A.M.</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-29-61 12:17 AM</u>	9. AGE (last birthday) IF UNDER 1 YEAR Months <u>8</u> Days <u>48</u>	IF UNDER 24 HR Hours <u>8</u> Min. <u>48</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>(newborn)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Wesley Shelton</u>	13b. MOTHER'S MAIDEN NAME <u>Kallmeyer (Shirley Joyce)</u>	14. NAME OF HUSBAND OR WIFE <u>--</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>--</u>	17. INFORMANT <u>Hospital Records</u> Address
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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>Prematurity &amp; atelectasis</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>unknown cause</u>		
DUE TO (c) <u>762.5</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	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour <u>9:05</u> Month, Day, Year <u>7-29-61</u> a.m. 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 <u>St. Louis, Mo.</u> COUNTY STATE
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21. I attended the deceased from 7-29-61 to 7-29-61 and last saw him alive on 7-29-61  
Death occurred at 9:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Kenneth J. Jensen M.D.</u> (Degree or title)	22b. ADDRESS <u>6079 Grand</u>	22c. DATE SIGNED <u>7-31-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>8-31-61</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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24. FUNERAL DIRECTOR <u>Rowland Mortuary Svc.</u> ADDRESS <u>4104-06 Manchester</u>	25. DATE RECD. BY LOCAL REG. <u>AUG 10 1961</u>	26. REGISTRAR'S SIGNATURE <u>Roald Smith, M.D.</u>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.