

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032895
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE SL 28879 XC 20433927

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8533**

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 10 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		Length of stay in lb 53 DAYS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Cape Girardeau		c. CITY OR TOWN JACKSON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADM HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS RT 4 (If outside, give location)				Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JAMES Middle W Last SHELTON						4. DATE OF DEATH Month 9 Day 3 Year 1962		5. SEX MALE		6. COLOR OR RACE WHITE	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/31/22		9. AGE (last birthday) 39		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) MAIL CARRIER				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) JACKSON, MO.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME LEACH SHELTON				13b. MOTHER'S MAIDEN NAME REYNOLDS				14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II				16. SOCIAL SECURITY NO.		17. INFORMANT MARY SHELTON (MOTHER)		Address SEE 2 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) ACUTE BRONCHOPNEUMONIA BILATERAL DUE TO (b) ACUTE MONOCYTTIC LEUKEMIA DUE TO (c) 204.2 Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH	
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 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.)							
20c. TIME OF INJURY Hour <input type="checkbox"/> s.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		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. <input checked="" type="checkbox"/> VA attended the deceased from 7/12/62 to 9/3/62 and last saw him alive on 9/3/62 Death occurred at 8:08 PM on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Albert P. Kovacs						22b. ADDRESS MD VAH, ST LOUIS, MO.			22c. DATE SIGNED 9/4/62		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (auto)			23b. DATE 9/4/1962		23c. NAME OF CEMETERY OR CREMATORY McLain Chapel Cemetery		23d. LOCATION (City, town, or county) (State) Cape Girardeau Co. Mo.				
24. FUNERAL DIRECTOR Cracraft-Miller, Inc.				ADDRESS Jackson, Mo.		25. DATE RECD. BY LOCAL REG. SEP 4 1962		26. REGISTRAR'S SIGNATURE Loan Smith M.D.			

USE BLACK INK OR TYPEWRITER RIBBON

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OCT 30 1962
SEP 20 1962

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 *James E. McCallister*

Licensed Embalmer No. 2460

P. O. Address 614 S. Palmdale

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.