

No. 2
-12-45
5-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28315
Registrar's No. 5585

FILED AUG 27 1947

Registration District No. _____

Primary Registration District No. 3041

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
(c) City or town Macon (If outside city or town limits, write "RURAL")
(d) Street No. 604 North Ruby St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles William Shelton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ada Shelton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 11 28 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Lancaster, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business _____

MOTHER FATHER

12. Name Nat M. Shelton

13. Birthplace Troy, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Belle Garges

15. Birthplace Lancaster, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ada Shelton

(b) Address Macon, Missouri

17. (a) Burial (b) Date thereof 7 18 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macon, Missouri

18. (a) Signature of funeral director Albert Skinner

(b) Address Macon, Mo

19. (a) 8-18-47 (b) Walter McNeely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1947 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 16 1947 to July 16 1947 that I last saw him alive on July 16 1947 and that death occurred on the 16 day and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 hr

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations APP

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edward Miller (M. D. or other) _____

Address Macon Date signed 7/22/47

RECEIVED
District Health Officer No. 10
District File Number 8-47-1131
Date Filed AUG 26 1947

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 _____

Howard F. Myers, Registered Apprentice No. 468
working under my personal supervision.

Signed Albert Skinner
Licensed Embalmer No. 75-1
P. O. Address Macon 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 this body is not embalmed, fact should be so stated above.