

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33738

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>5562</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Iron</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arcadia Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arcadia Rural</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arcadia Rural</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 - 3 1/2 - 4 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arcadia Rural</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Home 5</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>John Henry Shotton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 16 1949</u>				
a. (First)	b. (Middle)	c. (Last)					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>May 3 - 1884</u>	9. AGE (In years last birthday) <u>65</u>	10. UNDER 1 YEAR Months <u>5</u> Days <u>14</u>	11. UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pharmacist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drug Store</u>		11. BIRTHPLACE (State or foreign country) <u>Merbourne, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Nelson Bennett Shotton</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Powell</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Francis</u>			
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>491-01-2165</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>D. J. Scott Ironton Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u></u>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac failure</u>					
		ANTECEDENT CAUSES DUE TO (b) <u>chronic myocarditis</u>					
		DUE TO (c) <u></u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>				<u>4222</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-3-49</u> , 19 <u>49</u> , to <u>10-16-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10-3-49</u> , 19 <u>49</u> , and that death occurred at <u>2:10 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. E. Harland, M.D.</u>				23b. ADDRESS <u>Ironton, Mo.</u>		23c. DATE SIGNED <u>10-18-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>removal</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Nov-2-1949</u>		REGISTRAR'S SIGNATURE <u>MAS AVIS JOY ES</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White</u>		ADDRESS <u>White Funeral Home, Ironton Mo.</u>	

45. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-5-49

Sanitary Health Officer No. 4

Case File Number 1149-10

Date Filed

NOV 7 1949

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.

Signed Amely White

Licensed Embalmer No. 3012

Signed
Student Embalmer

P. O. Address Quinton Ave

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.