

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40070  
State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>387</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>		
b. CITY (If outside corporate limits, write RURAL and give town or TOWN <u>Kirksville</u> )		c. LENGTH OF STAY (in this place) <u>4 days</u>		
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		d. STREET ADDRESS (If rural, give location) <u>402 W. Illinois St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Grim-Smith Memorial Hospital</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) _____		c. (Last) <u>Shelton</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31 1949</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 2 1881</u>	9. AGE (In years last birthday) <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tinner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tinner</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Harry Shelton</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Munn</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Shelton, Kirksville, Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rose Shelton Kirksville, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction acute</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic hypertrophy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>  <u>years</u> <u>4500</u>  <u>several yrs.</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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>Oct</u> , 19 <u>44</u> , to <u>Dec 31</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 31</u> , 19 <u>49</u> , and that death occurred at <u>4:40</u> p. m., from the causes and on the date stated above.				
23a. SIGNATURE <u>George E. Grim</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Kirksville, Mo</u>		23c. DATE SIGNED <u>12-31-49</u>
24a. BURIAL - CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hills</u>
24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u> ADDRESS <u>Kirksville, Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-2-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		

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

FEB 7 1950

MAY 19 1950

JAN 9 1950

RECEIVED

District Health Officer No. 1-50-6

District File No. JAN 9 1950

Date Filed

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 .....  
Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 4319

P. O. Address Kiberville, 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.