

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14228

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6017 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>Rural - Camden</u>		c. CITY OR TOWN <u>Rural - Camden</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile North Fleming</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mile North Fleming Missouri</u>	
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Robert</u> c. (Last) <u>Shelton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 23 1950</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>January 29, 1887</u>
9. AGE (In years last birthday) <u>63</u>		10. MONTHS <u>1</u>	11. DAYS <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Urbard, Missouri</u>
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph Shelton</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Cant</u>		14. NAME OF HUSBAND OR WIFE <u>Levin Joe (Pop) Shelton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Levin Joe Shelton</u> ADDRESS <u>Camden Missouri</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		334X	
II. OTHER SIGNIFICANT CONDITIONS. <u>Hypertension</u>		5 yea.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>3/21/1950</u> to <u>3/23/1950</u> , that I last saw the deceased alive on <u>3/23/1950</u> , and that death occurred at <u>7:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. J. A. Revore M.D.</u> (Degree or title)		23b. ADDRESS <u>Richmond Mo.</u>	23c. DATE SIGNED <u>3/24/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 26, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Union Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ray County Missouri</u>
DATE REC'D BY LOCAL REG. <u>3/24/50</u>	REGISTRAR'S SIGNATURE <u>Helen J. Larkin</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Wright &amp; Sons</u> ADDRESS <u>Richmond Missouri</u>	

(Licensed Embalmer's Statement of Reverse Side)

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

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4-8 APR 8

MAY 16 1950

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-22-50

MAR 13 1950

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 [Signature]

Licensed Embalmer No. 4066

P. O. Address Richmond, Missouri

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.