

FILED DEC 12 1950

STANDARD CERTIFICATE OF DEATH

State File No. 38064

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 433 Registrar's No. 70

1. PLACE OF DEATH

a. COUNTY PUTNAM

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE

c. LENGTH OF STAY (in this place) I WEEK

d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE MISSOURI b. COUNTY PUTNAM

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL"

d. STREET ADDRESS (If rural, give location) UNIONVILLE, MO. R. F. D.

3. NAME OF DECEASED

a. (First) SELLAH b. (Middle) ANN c. (Last) SHELTON

4. DATE OF DEATH NOVEMBER 14, 1950

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH SEPTEMBER 23, 1857

9. AGE (In years last birthday) 93

IF UNDER 1 YEAR Months 1 Days 21

IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY HER OWN CHILDRENS HOME

11. BIRTHPLACE (State or foreign country) MISSOURI

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME SAMUEL RANEY

13b. MOTHER'S MAIDEN NAME SARAH MOSS

14. NAME OF HUSBAND OR WIFE GEO. W. SHELTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO

16. SOCIAL SECURITY NO. NO

17. INFORMANT'S SIGNATURE OR NAME ADDRESS LAFE SHELTON UNIONVILLE, MISSOURI

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.

18. CAUSE OF DEATH: Enter only one cause per line for (a); (b); and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocarditis

DUE TO (c) Senile debility

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

3 days

Year

Year

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 7, 1947, to Nov 14, 1950 that I last saw the deceased alive on Nov 14, 1950 and that death occurred at 2:15 A. M., from the causes and on the date stated above.

23a. SIGNATURE Chas. L. Judd D.O.

23b. ADDRESS Unionville Mo

23c. DATE SIGNED 11/14/50

24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL

24b. DATE NOV. 15, 1950

24c. NAME OF CEMETERY OR CREMATORY HARTFORD CEMETERY

24d. LOCATION (City, town, or county) (State) HARTFORD, PUTNAM COUNTY, MO.

DATE REC'D BY LOCAL REG. 11-2-50

REGISTRAR'S SIGNATURE Maxwell Durbin

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS COMSTOCK FUNERAL HOME UNIONVILLE, MO. BY John D. Comstock

(Licensed Embalmer's Statement on Reverse Side)

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

1986

Date Received: DEC 6
DISTRICT HEALTH OFFICE #
District File Number 12-50
Date Filed: DEC 8

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Richard T. Cassidy

Signed.....
Student Embalmer

Licensed Embalmer No. 4617

P. O. Address Unionville, N.C.

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.