No. 300
10.48

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

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42833

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10238

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LUTHERAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 8120
d. STREET ADDRESS (If rural, give location): CENTRALIA ILL

3. NAME OF DECEASED (Type or Print): a. (First) EMILY b. (Middle) C. c. (Last) SHELTON
4. DATE OF DEATH (Month) (Day) (Year): NOV-30-50
5. SEX: FE.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT-30-1879
9. AGE (In years last birthday): 71 YRS. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NIL
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: BENJAMIN NELSON
13b. MOTHER'S MAIDEN NAME: EMILY DAY
14. NAME OF HUSBAND OR WIFE: OSCAR SHELTON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs Frank Miller
ADDRESS: 9109 Southview Lane

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct & Acute Myoc. Failure — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES

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

DUE TO (b) Coronary Sclerosis — Unknown

DUE TO (c) Previous Infarct 3 wks ago — 3 wks

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus & Senile Change — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
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) St. Louis (COUNTY) (STATE) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

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22. I hereby certify that I attended the deceased from 11/10/50, 19__, to 11/30/50, 19__, that I last saw the deceased alive on 11/30/50, 19__, and that death occurred at 2 p m., from the causes and on the date stated above.

23a. SIGNATURE: Walter H. Hofer M.D. (Degree or title)
23b. ADDRESS: 3108 South Grand
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: DEC-1-50
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): NORTON, IOWA.

DATE REC'D BY LOCAL REG. DEC 1 1950
REGISTRAR'S SIGNATURE: E. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE: E. J. Schmar
ADDRESS: 3125 Lafayette Av.

(Licensed Embalmer's Statement on Reverse Side)

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.....
Student Embalmer

Signed Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.