

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27107

State File No. ....

No. 300  
10-48

FILED SEP 3-1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>BATES</u> <sup>0070</sup> b. CITY (If outside corporate limits, write RURAL and give township) <u>RICH HILL</u> c. LENGTH OF STAY (In this place) <u>4 years</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u> <sup>0070</sup> c. CITY (If outside corporate limits, write RURAL and give township) <u>RICH HILL</u> d. STREET ADDRESS (If rural, give location) <u>102 E. MAPLE ST.</u>	
--	--	---	--

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES HULY</u> b. (Middle) <u>SHELTON.</u> c. (Last) <u>SHELTON.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST-26-1952.</u>
---	--	--	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>AUGUST-7-1883</u>	9. AGE (In years last birthday) <u>69</u> 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) <u>TRUCK DRIVER.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LAUNDRY BUSINESS</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>JAMES C. SHELTON</u>	13b. MOTHER'S MAIDEN NAME <u>SUSAN EADS</u>	14. NAME OF HUSBAND OR WIFE _____
--	---	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>986-10-1447</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Daniels</u>	ADDRESS <u>18116 35th St. Kansas 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>		INTERNAL BETWEEN ONSET AND DEATH <u>5 MA</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>4201</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 June 13, 1952, to August 26, 1952, that I last saw the deceased alive on July 29, 1952, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) _____	23b. ADDRESS _____	23c. DATE SIGNED _____
-----------------------------------	-------------------------	--------------------	------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG-26-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SALEM CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>FOSTER, MISSOURI</u>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. _____	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Rich Hill, Mo.</u>
--------------------------------	--	---	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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 G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.