

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27327

BIRTH NO. 58647 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 422

0124
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 1224 Forest Lane	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lucy Lee Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) TOMMY	b. (Middle) JOE	c. (Last) SHELTON	4. DATE OF DEATH (Month) (Day) (Year) 8/29/1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 8/28/1952	9. AGE (In years last birthday)	IF UNDER 1 YEAR Month 1 Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Poplar Bluff, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Redgenal Shelton	13b. MOTHER'S MAIDEN NAME Beatrice May Humble	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Redgenal Shelton	ADDRESS Poplar Bluff, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Conclusive Sequel		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Toxemia of Pregnancy 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 7690	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (COUNTY)
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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?
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22. I hereby certify that I attended the deceased from 8-28, 1952, to 8-29, 1952, that I last saw the deceased alive on 8-29, 1952 and that death occurred at 6:45A m., from the causes and on the date stated above.

23a. SIGNATURE Wm. H. Johnson	(Degree or title) MD	23b. ADDRESS Poplar Bluff, Missouri	23c. DATE SIGNED 9-2-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/29/1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri
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DATE REC'D BY LOCAL REG. 9-3-52	REGISTRAR'S SIGNATURE Wm. H. Johnson	25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch	ADDRESS Poplar Bluff, Mo.
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RECEIVED
SEP 10 1952

BUTLER CO. HEALTH CENTER

FILE No. 952-440

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.

Not Embalmed

Signed.....

Signed.....
Student Embalmer.

Licensed Embalmer No.....

P. O. Address.....

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.