

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **35950**

BIRTH NO. _____		REG. DIST. NO. 279		PRIMARY REG. DIST. NO. 5956		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY PIKE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY PIKE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CALUMET Twp		c. LENGTH OF STAY (in this place) LIFETIME		c. CITY (If outside corporate limits, write RURAL and give township) CLARKSVILLE		0828	
d. FULL NAME OF HOSPITAL OR INSTITUTION HIGHWAY 79 - CLARKSVILLE				d. STREET ADDRESS (If rural, give location) Rural - Calumet Twp			
3. NAME OF DECEASED (Type or Print) a. (First) BETTY b. (Middle) LUCILE c. (Last) SHELTON			4. DATE OF DEATH (Month) (Day) (Year) OCT 22 52				
5. SEX F 3	6. COLOR OR RACE COL	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) UM	8. DATE OF BIRTH MAY-1-1937	9. AGE (In years last birthday) 15	IF UNDER 1 YEAR Months 5 Days 21	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -		10b. KIND OF BUSINESS OR INDUSTRY SCHOOL GIRL		11. BIRTHPLACE (State or foreign country) CLARKSVILLE MO		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME MARY SHELTON		13b. MOTHER'S MAIDEN NAME DOUIE RANDELL		14. NAME OF HUSBAND OR WIFE NONE			
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 DOUIE RANDELL SHELTON		ADDRESS CLARKSVILLE MO	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal skull fracture ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Automobile accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Car overturned				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 79		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clarksville Pike MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 22 52 12:30P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car overturned		082	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased and died on Oct 22, 1952 , and that death occurred at 12:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John W. Wood Coroner			23b. ADDRESS Baseling House, Mo			23c. DATE SIGNED Oct 27 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT-26-52	24c. NAME OF CEMETERY OR CREMATORY GREENWOOD		24d. LOCATION (City, town, or county) (State) CLARKSVILLE MO		
DATE REC'D BY LOCAL REG. 10-29-52		REGISTRAR'S SIGNATURE Richard L. Carroll		FUNERAL DIRECTOR'S SIGNATURE Harry L. Carroll		ADDRESS Clarksville	

256-0 (Licensed Embalmer's Statement on Reverse Side)

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

820
3

FILED OCT 30 1952

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

James C. Meidel

Licensed Embalmer No. *4152*

P. O. Address *Beaulieu Green, 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.