

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **2691**

FILED FEB 10 1953

REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **2022** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY <b>Ray</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rayville</b>		c. LENGTH OF STAY (In this place) <b>50 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rayville</b>		d. STREET ADDRESS (If rural, give location) <b>Street not listed</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. not listed</b>							
3. NAME OF DECEASED (Type or Print) <b>Clay</b>			a. (First) <b>(n)</b>	b. (Middle)	c. (Last) <b>Shelton</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>January 30, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Never married</b>		8. DATE OF BIRTH <b>September 15, 1885</b>		9. AGE (In years last birthday) <b>67</b>	10. UNDER 1 YEAR Months <b>4</b> Days <b>15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Clay County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>J.W. Shelton</b>			13b. MOTHER'S MAIDEN NAME <b>Ellen Searcey</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lula Adams, Rayville, Missouri</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Pulmonary Edema, Acute</b> ANTECEDENT CAUSES <b>Chronic Myocarditis, Coronal Failure</b> DUE TO (b) DUE TO (c)				MEDICAL CERTIFICATION <b>Chronic Myocarditis, Coronal Failure</b> INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b> <b>2 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4222</b>				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) <b>Rayville Ray Mo</b>			
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?			
22. I hereby certify that I attended the deceased from <b>Jan</b> , 1952 to <b>Jan</b> , 1953, that I last saw the deceased alive on <b>Jan 29</b> , 1953, and that death occurred at <b>7:00 A.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Clayton Buchner MD</b>				23b. ADDRESS <b>Jackson Mo.</b>		23c. DATE SIGNED <b>Feb 3, 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 1, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pisgah Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Ray County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Feb 4 - 1953</b>		REGISTRAR'S SIGNATURE <b>Malcolm Jackson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Richard Missouri</b>		ADDRESS <b>Rayville, Missouri</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

2 - 4 - 53

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**STATEMENT BY LICENSED EMBALMER**

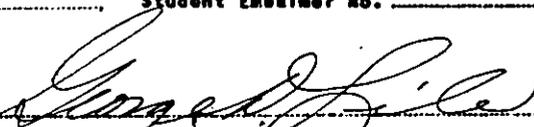
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 4066

P. O. Address Putnam No.

**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.