

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14724**
Registrar's No. **209281**

FILED MAY 7 1953
BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **200**

495
1

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

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE MISSOURI b. COUNTY JASPER				
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. LENGTH OF STAY (in this place) 3 MONTHS	c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		d. STREET ADDRESS (If rural, give location) 1047 PENNSYLVANIA		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1047 PENNSYLVANIA			4. DATE OF DEATH (Month) (Day) (Year) APRIL 25 1953				
3. NAME OF DECEASED a. (First) WILLIAM b. (Middle) ROY c. (Last) SHELTON			5. SEX MALE 6. COLOR OR RACE WHITE				
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED-SEPERATED		8. DATE OF BIRTH SEPT 5 1896		9. AGE (In years last birthday) 56			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRILLER-LEAD AND ZINC MINES		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) OZARK COUNTY, MISSOURI			
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME MONROE SHELTON		13b. MOTHER'S MAIDEN NAME DELLA BUMGARDNER			
14. NAME OF HUSBAND OR WIFE		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. 487-01-3371			
17. INFORMANT'S SIGNATURE OR NAME MRS. AUSTIN BYRD		18. ADDRESS 2209 W. 1ST		19. 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) _____					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 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)		002X	
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 Jan 10, 1953 to Apr. 25, 1953 , that I last saw the deceased alive on Apr. 24, 1953 and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE E. C. Coats, M.D.				23b. ADDRESS Joplin, Mo.		23c. DATE SIGNED 4-29-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-28-53		24c. NAME OF CEMETERY OR CREMATORY OSBORNE CEMETERY		24d. LOCATION (City, town, or county) (State) JOPLIN, MO.	
DATE REC'D BY LOCAL REG. 4-30-53		REGISTRAR'S SIGNATURE Ed S. James		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY		ADDRESS JOPLIN, MO.	

RECEIVED 5-6-53
Jasper County Health Office

County File Number 53-5-375

Date Filed 5-6-53

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

F. M. Jones

Signed
Student Embalmer

Licensed Embalmer No.

2319

P. O. Address

Jasper 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.