5. No. 300
. 10.48

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

FILED MAY 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19011

State File No.

BIRTH NO. 31100 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 128

1. PLACE OF DEATH
a. COUNTY: RANDOLPH 066
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOBERLY
c. LENGTH OF STAY (in this place): 1 DA.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WOODLAND HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: MONROE (60)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PARIS 1
d. STREET ADDRESS (If rural, give location): W. MONROE ST.

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): ALLEN
c. (Last): SHELTON

4. DATE OF DEATH (Month) (Day) (Year): MAY 7 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: MAY 6 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 1 — 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:
11. BIRTHPLACE (City and State or Foreign Country): MOBERLY MO. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WILLIAM S. SHELTON
13b. MOTHER'S MAIDEN NAME: ANNA MARIE CLARKSON
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Wm. S. Shelton
ADDRESS: PARIS, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Severe anemia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Erythroblastosis fetalis — 18 hrs
DUE TO (c): RH maternal sensitization

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: 7700
20. AUTOPSY? YES ☐ NO ☒

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-7, 1953, *to* 5-7, 1953, *that I last saw the deceased alive on* MAY 7, 19__, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert H Young M. D.
23b. ADDRESS: Moberly Mo
23c. DATE SIGNED: 5-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: WALNUT GROVE
24d. LOCATION (City, town, or county) (State): PARIS, MO.

DATE REC'D BY LOCAL REG.: May 8-53
REGISTRAR'S SIGNATURE: Leah Williams Lewis
25. FUNERAL DIRECTOR'S SIGNATURE: Speed & Blakey
ADDRESS: PARIS, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address PARIS, MISSOURI

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.