

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3780

State File No.

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 6234 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Elkhorn)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Elkhorn) 1090	
c. LENGTH OF STAY (in this place) 4 yrs.		d. STREET ADDRESS (If rural, give location) north of Warrenton	
d. FULL NAME OF HOSPITAL OR INSTITUTION north of Warrenton			

3. NAME OF DECEASED (Type or Print)	a. (First) Edwin	b. (Middle) T.	c. (Last) Shelton	4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 11, 1877	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 5 Days 18	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressure Operator	10b. KIND OF BUSINESS OR INDUSTRY Gas Utilities	11. BIRTHPLACE (State or foreign country) Warren County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Albert Shelton	13b. MOTHER'S MAIDEN NAME Sarah Key	14. NAME OF HUSBAND OR WIFE Zella Hudson, deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 492-03-8208	17. INFORMANT'S SIGNATURE OR NAME Mrs. Norma Eschenroeder, St. Louis, Mo.	ADDRESS St. Louis, 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shooting self in head with 25-20 Cal. rifle		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) (wound of previous injury)		
	DUE TO (c) Self inflicted gun shot wound through head.		
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 E976X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Warrenton 109 Warren Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-29-54 2 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self-inflicted
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22. I hereby certify that I attended the deceased from 18, to 19, that I last saw the deceased alive on 9, 1954, and that death occurred at 9 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. R. Knigge, Coroner	23b. ADDRESS Warrenton	23c. DATE SIGNED 1-30-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-31-54	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Warrenton, Mo.
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DATE REC'D BY LOCAL REG. 2-1-54	REGISTRAR'S SIGNATURE Lloyd Logan	25. FUNERAL DIRECTOR'S SIGNATURE F.W. Nieburg & Co., Warrenton, Mo.	ADDRESS Warrenton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48

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

FEB 19 1981

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 John Thiburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.