

FILED OCT 11 1954. THE DIVISION OF HEALTH OF MISSOURI. STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. #67 PRIMARY REG. DIST. NO. 5265 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <b>Christian</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Douglas</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Sparta</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Ava</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>0340</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Floyd</b>	b. (Middle)	c. (Last) <b>Shelton</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 20, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 7, 1897</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days	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) <b>Taxi Driver</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own car</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Tenn.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>A. D. Shelton</b>	13b. MOTHER'S MAIDEN NAME <b>Caldona Shelton</b>	14. NAME OF HUSBAND OR WIFE <b>Samantha Shelton</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War #1</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Samantha Shelton</b> ADDRESS <b>Ava, Missouri</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>several hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, (History of)</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <b>attack occurred while driving, car overturned but conditions contributing to the death but not related to the disease or condition causing death. no injuries severe enough to cause death.</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>See Reverse Side of Certificate</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_: 5:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE <b>John Alan Harris</b> (Degree or title) <b>Coroner Christian Co. Mo.</b>	23b. ADDRESS <b>Clever, Mo.</b>	23c. DATE SIGNED <b>Sept. 21-1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-24, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pannon</b>	24d. LOCATION (City, town, or county) (State) <b>Ava, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Oct. 4/1954</b>	REGISTRAR'S SIGNATURE <b>Harris Day</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clinkingbeard</b> ADDRESS <b>Funeral Home, Ava, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

The deceased, Floyd Shelton, recently had been a hospital patient had been under a doctor's care for a Heart Condition. Deceased and operated a Taxi Service at Ava, Missouri. Mr. Isaac Naugle, Missouri had engaged Mr. Shelton to take him to Mt. Vernon, Missouri the morning of Sept. 20, 1954. According to Mr. Naugle, while on Highway #14, 2 1/2 Miles East of Sparta, Missouri enroute to Mt. Vernon, Missouri, Mr. Shelton just "stoped talking and ran into the ditch". The 1953 Chevrolet Sedan overturned two or three times but injuries were not inflicted which would cause the death of Mr. Shelton.

*J. Starni*

JAN 4 1958

JUN

DEC 29 1958

OCT 13 1954

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.....  
Signature of Student Embalmer

Signed *Charles R. Fish*

Licensed Embalmer No. *466*

P. O. Address *Ava, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.