

FILED AUG 30 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28698

BIRTH NO. _____		REG. DIST. NO. 340		PRIMARY REG. DIST. NO. 6152		Registrar's No. 70	
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter, Liberty Twp.		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Dexter		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 3				e. STREET ADDRESS (If rural, give location) 1410 E. Oak Street 1030			
3. NAME OF DECEASED (Type or Print) a. (First) Ola			b. (Middle) Minnie		c. (Last) Shelton		4. DATE OF DEATH (Month) (Day) (Year) August 9, 1955
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 20, 1887		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY homemaker		11. BIRTHPLACE (City and State or Foreign Country) Peru, Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Adam Roots		13b. MOTHER'S MAIDEN NAME Jenniem Weisner		14. NAME OF HUSBAND OR WIFE John E. Shelton			
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. XXXXXXXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John E. Shelton Dexter, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) incarcerated ventral hernia with intraperitoneal hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hemorrhage DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) 5615			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 9 Aug, 1955, to 9 Aug, 1955, that I last saw the deceased alive on 9 Aug, 1955, and that death occurred at 5:50 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. K. Keddle MD				23b. ADDRESS Dexter Mo		23c. DATE SIGNED 11 Aug 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-12-55	24c. NAME OF CEMETERY OR CREMATORY Malden cemetery		24d. LOCATION (City, town, or county) (State) Malden, Mo.		
DATE REC'D BY LOCAL REG 8-22-55		REGISTRAR'S SIGNATURE Valma D. Jenkins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins & Sons Dexter, Mo.			

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

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... *Marsh Watkins* .....

Licensed Embalmer No. *471*

P. O. Address *Dexter* .....

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.