

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1799****FILED FEB 14 1956**

BIRTH NO.		REG. DIST. NO. 170	PRIMARY REG. DIST. NO. 3033	Registrar's No. 20
1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		c. LENGTH OF STAY (In this place) 1 Day	c. CITY OR TOWN Drynob d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Hospital		e. STREET ADDRESS (If rural, give location) Drynob, Mo. 0530		
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) J.	c. (Last) SHELTON	4. DATE OF DEATH (Month) (Day) (Year) Feb. 7, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 5, 1868	9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Plesant Hill, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Columbus Shelton		13b. MOTHER'S MAIDEN NAME Martha (UNKNOWN)	14. NAME OF HUSBAND OR WIFE Bessie 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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bessie Shelton Drynob, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal Lithiasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 602x		INTERVAL BETWEEN ONSET AND DEATH 36 hrs.
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)	
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 2/6/1956 to 2/7/1956 that I last saw the deceased alive on 2/6/1956 and that death occurred at 6:30 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Name or title) Fredrick M. Lebanon Mo.		23b. ADDRESS Lebanon Mo.		23c. DATE SIGNED 2/7/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-9-56	24c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery	24d. LOCATION (City, town, or county) (State) Lebanon, Mo.
DATE REC'D BY LOCAL REG. 2-7-1956	REGISTRAR'S SIGNATURE Hella L. Gray 424	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S. R. Palmer Lebanon Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 28 1956

Received 2-11-56

Laclede County Health Unit

File No. 20

Date Filed 2-11-56

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 J. P. Palmer

Licensed Embalmer No. 220

P. O. Address Lebanon

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.