

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12229

State File No. ....

BIRTH NO. .... REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4005 Registrar's No. 26

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Andrew Co</u>     |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <u>mo</u> b. COUNTY <u>Andrew</u> |  |
| b. CITY OR TOWN <u>Rosendale</u>                    |  | c. CITY OR TOWN <u>Rosendale MO</u>  |  |
| c. LENGTH OF STAY (In this place) <u>2 weeks</u>    |  | d. STREET ADDRESS (If rural, give location) <u>0090</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u> |  |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>maude</u> b. (Middle) <u>Jane</u> c. (Last) <u>SHELTON</u> |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 21 1956</u> |   |  |
| 5. SEX <u>female</u>  |  | 6. COLOR OR RACE <u>ew</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>   |  |
| 8. DATE OF BIRTH <u>Feb. 26, 1886</u>   |  | 9. AGE (In years last birthday) <u>70</u>                             |  | 10. UNDER 1 YEAR Months Days                                      |  |
| 11. UNDER 24 HRS. Hours Min.  |  | 11. BIRTHPLACE (State or foreign country) <u>BUCHANAN COUNTY, Mo.</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>                         |  |
| 13a. FATHER'S NAME <u>Wm T. MEADE</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE CROSS</u>                      |  | 14. NAME OF HUSBAND OR WIFE <u>DAVID THOMPSON SHELTON</u>         |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>                                     |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Norman Suty Rosendale MO</u> |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)                                       |  | MEDICAL CERTIFICATION   |  |   |  |

|  |  |   |  |
|--|--|---|--|
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Epine</u>  |  | INTERVAL BETWEEN ONSET AND DEATH <u>1954</u>  |  |
| ANTECEDENT CAUSES  |  | DUE TO (b) <u>none</u>  |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | DUE TO (c) <u>none</u>  |  |
| 11. OTHER SIGNIFICANT CONDITIONS   |  | Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION <u>none</u>                          |  | 19b. MAJOR FINDINGS OF OPERATION <u>none</u>   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>          |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>                      |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <u>none</u>   |  |

22. I hereby certify that I attended the deceased from April 1, 1956, to April 31, 1956, that I last saw the deceased alive on April 21, 1956, and that death occurred at 10:30 AM., from the causes and on the date stated above.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>V A Wilson MD</u>             |  | 23b. ADDRESS <u>Rosendale MO</u>   |  | 23c. DATE SIGNED <u>4/21/56</u>                        |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>           |  | 24b. DATE <u>Apr 23, 56</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph Mo</u> |  |
| 24d. LOCATION (City, town, or county) (State) <u>St Joseph Mo</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earle Clark, St Joseph Mo.</u> |  |  |  |
| DATE REC'D BY LOCAL REG. <u>4-23-56</u>                           |  | REGISTRAR'S SIGNATURE <u>William Sparks</u>                                |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

MAY 7  
1956

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Emil A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.