

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21480

State File No.

FILED JUL 12 1956

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Dillon Twsp.</u>) c. LENGTH OF STAY (in this place) <u>18 years</u>		c. CITY OR TOWN <u>Rural-Dillon twsp.</u> 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 <u>5 miles East of Rolla</u>		e. STREET ADDRESS (If rural, give location) <u>5 miles East of Rolla</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>DANIEL</u>	c. (Last) <u>SHELTON</u>	4. DATE OF DEATH	(Month) <u>June</u>	(Day) <u>29</u>	(Year) <u>1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 6, 1889</u>	9. AGE (In years last birthday) <u>66</u>	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) <u>Retired, Executive</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Company</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pilgrim, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Daniel Shelton</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Louise Stealy</u>	14. NAME OF HUSBAND OR WIFE <u>Minta</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-07-7818</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minta Shelton</u>	ADDRESS <u>Rt. 1 Rolla, Mo</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		<u>2 wks</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart Disease</u> years DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Congestive Failure</u>		<u>10 Days</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____	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 June 28, 1956, to June 29, 1956, that I last saw the deceased alive on June 28, 1956, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. F. Andreasen M.D.</u>	23b. ADDRESS <u>213 W-8th Rolla, Mo</u>	23c. DATE SIGNED <u>6/29/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 1, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Gardens</u>	24d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 29, 1956</u>	REGISTRAR'S SIGNATURE <u>Ruel D. Powell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Hull</u>	ADDRESS <u>Rolla, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

79

RECEIVED

Phelps County Health Officer,

County File Number 466

Date Filed 7/4/56

OCT 16 1956
KANSAS

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..... *Paul E. Ne...*

Licensed Embalmer No. 449

P. O. Address Rolla, 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.