FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44575
STATE FILE NUMBER

Registration District No. 359 Primary Registration District No. 4526 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: VERNON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SHELDON — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: VERNON
c. CITY OR TOWN: SHELDON — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ANDREW Middle: JACKSON Last: SHELTON
4. DATE OF DEATH: Month: DEC Day: 7 Year: 1956
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: JAN 26 1866
9. AGE (In years last birthday): 90 — 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
11. BIRTHPLACE (City and state or country): DOUGLAS CO MO
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Orval Shelton Cuba Address: Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hemiplegia — Bed fast
DUE TO (c): Hypertention
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 334X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. 10:20 — Month, Day, Year: Dec 6-56
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Dec 6 to Dec 6 and last saw her/him alive on 10 PM 12/6/56
Death occurred at 10:20 PM 12/6/56 on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: C E Kratz (Degree or title) DO
22b. ADDRESS: Sheldon Mo
22c. DATE SIGNED: Dec 8/56
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec 7/1956
23c. NAME OF CEMETERY OR CREMATORY: Wiles Cem
23d. LOCATION (City, town, or county) (State): Sheldon MO
24. FUNERAL DIRECTOR: Beery funeral Home — ADDRESS:
25. DATE RECD. BY LOCAL REG.: Dec 10-17 56
26. REGISTRAR'S SIGNATURE: Mrs Ruth Faith

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed S. Bernard Bury.....

Licensed Embalmer No. 41

P. O. Address Sheldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.