

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16595

State File No.

FILED JUN 3 1957

BIRTH NO. _____		REG. DIST. NO. <u>88</u>		PRIMARY REG. DIST. NO. <u>5327</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-UNION TWP.</u>		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		c. CITY OR TOWN <u>RURAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 Mi. So. - STEELVILLE, MO.</u>				e. STREET ADDRESS (If rural, give location) <u>7 Mi. So. - STEELVILLE, MO.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AMBROSE</u> b. (Middle) <u>CLINE</u> c. (Last) <u>SHELTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 23 - 1957</u>				
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>OCT. 2 - 1898</u>	9. AGE (To years last birthday) <u>58</u>	If UNDER 1 YEAR Months Days	If UNDER 2 yrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DENVER, COLORADO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>GEORGE SHELTON</u>		13b. MOTHER'S MAIDEN NAME <u>PEARL BEYER</u>		14. NAME OF HUSBAND OR WIFE <u>PAULINE SHELTON</u>			
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>491-24-1695</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. PAULINE SHELTON - STEELVILLE, MO.</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>	
		II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes Mellitus</u>				15 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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 <u>1953</u> to <u>May 23, 1957</u> , that I last saw the deceased alive on <u>May 23, 1957</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>Steelville Mo</u>		23c. DATE SIGNED <u>5/31/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 26 - 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STEELVILLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>STEELVILLE, MO.</u>		
DATE REC'D BY LOCAL REG. <u>5/31/57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lickner Thomas</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas S. Halbert - STEELVILLE, MO.</u>			

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

505

JUN 5
1951

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 *Thomas S. Halber*.....

Licensed Embalmer No. *4337*.....

P. O. Address *STEELYVILLE, I*.....

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.