

FILED MAR 17 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008667

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 73

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY <u>Adair</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkville</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Putnam</u>		
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION <u>Osteopathic Hospital</u>		Length of stay in 1b <u>II:Hours</u>		c. CITY OR TOWN <u>Unionville</u>		d. STREET ADDRESS (If outside, give location) <u>I418 Grant</u>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First <u>Perley</u> Middle <u>P.</u> Last <u>Shelton</u>				Month <u>March</u> Day <u>6</u> Year <u>1958</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 17 1907</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Building Construction</u>		11. BIRTHPLACE (City and state or country) <u>Putnam County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>S. C. Shelton</u>				14. MOTHER'S MAIDEN NAME <u>Minnie Green</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>484-OI-8466</u>		17. INFORMANT Address <u>Nelma Shelton Unionville, Missouri</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral trauma</u>							INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>blow to skull causing</u>						
		DUE TO (c) <u>multiple skull fractures</u>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>9109</u>							19. WAS AUTOPSY PERFORMED? <u>0</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Struck on head by heavy timber. Skull</u>					
20c. TIME OF INJURY <u>1:30 p. m. 3-5-58</u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, bldg., etc.) <u>Working for Ross Products Unionville - Putnam - Mo.</u>					
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>Unionville - Putnam - Mo.</u>		20g. COUNTY <u>Putnam</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>3-5-58</u> to <u>3-6-58</u> and last saw him alive on <u>3-5-58</u> . Death occurred at <u>I:47 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>L. W. McDonald MD</u>				22b. ADDRESS <u>Unionville, Mo</u>		22c. DATE SIGNED <u>3-6-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Mar. 8 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Unionville, Missouri</u>		
24. FUNERAL DIRECTOR <u>Comstock Funeral Home</u> By <u>J. W. Comstock</u>			ADDRESS <u>Unionville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-8-1958</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Ruff</u>	

(Licensed Embalmer's Statement on Reverse Side)

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Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in form.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 26 1958

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.....  
*James W. Constock*

Licensed Embalmer No. *41*

P. O. Address *Unionville*

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.