

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011150
STATE FILE NUMBER

FILED APR 8 1958

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 27

300
-57

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		c. CITY OR TOWN Richmond	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 900 E. Lexington		d. STREET ADDRESS (If outside, give location) 900 E. Lexington	
Length of stay in lb 1 year		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Thomas M. Shelton			4. DATE OF DEATH Month Day Year March 28, 1958		
---	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 18, 1884	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 0 Days 10	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 General farming	11. BIRTHPLACE (City and state or country) Ray County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	---

13a. FATHER'S NAME Thomas L. Shelton	13b. MOTHER'S MAIDEN NAME Cynthia Watson	14. NAME OF HUSBAND OR WIFE Lydia Shelton
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 486-42-0780	17. INFORMANT Address Mrs. Lydia Shelton, Richmond, Missouri
--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wound of head		INTERVAL BETWEEN ONSET AND DEATH 5 1/2 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____ 976X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
--	--

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION COUNTY STATE Richmond Ray Mo
--	---	---

21. I attended the deceased from _____ to _____ and last saw ^{her} him alive on _____
Death occurred at **7:45 A.** _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John B. Cook, M.D., Coroner	22b. ADDRESS Richmond, Mo.	22c. DATE SIGNED 3/29/58
--	--------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 1, 1958	23c. NAME OF CEMETERY OR CREMATORY Cowgill Cemetery	23d. LOCATION (City, town, or county) (State) Cowgill, Missouri
--	-----------------------------------	---	---

QUEST DIRECTOR ADDRESS Richmond, Missouri	25. DATE RECD. BY LOCAL REG. 4-2-1958	26. REGISTRAR'S SIGNATURE Mabel Jackson
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms written on reverse. All diseases in Part I must be causally related.

Year of death: 1958
Date of death: March 18, 1958
Sex: Male
Race: White
Age: 68

Place of death: General Farming, Lawrence, Kansas
Cause of death: Myocardial infarction
Occupation: Farmer
Religion: Roman Catholic
Manner of death: Natural

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 *George J. [Signature]*
Licensed Embalmer No. 4065
P. O. Address [Signature]

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.