Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-022902
STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 291 Primary Registration District No. 5990 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Jackson Township — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Length of stay in 1b: 8 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Putnam
c. CITY OR TOWN: 0860 Lucerne R.F.D. — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): Jackson Township — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Benjamin — Middle: Franklin — Last: Shelton
4. DATE OF DEATH: Month: May — Day: 26 — Year: 1958

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐
8. DATE OF BIRTH: Feb. 24 1884
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 3, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Putnam County Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Henry C. Shelton
13b. MOTHER'S MAIDEN NAME: Sarah A. Phillips
14. NAME OF HUSBAND OR WIFE: Leaphy Shelton

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.: 540-18-9918
17. INFORMANT: Mrs. B. F. Shelton — Address: Lucerne, Mo. R.F.D.

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): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis & hypertension — years
DUE TO (c): Chronic glomerulonephritis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility 592X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

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. Month, Day, Year
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 May 12-58, to May 26-58 and last saw her/him alive on May 26-58
Death occurred at 6:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Chas L Judd D.O. 2
22b. ADDRESS: Unionville, Missouri
22c. DATE SIGNED: 5-28-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 29 1958
23c. NAME OF CEMETERY OR CREMATORY: Unionville Cemetery
23d. LOCATION (City, town, or county) (State): Unionville, Missouri

24. FUNERAL DIRECTOR: Comstock Funeral Home by J. W. Comstock — ADDRESS: Unionville, Mo.
25. DATE RECD. BY LOCAL REG.: 6-9-58
26. REGISTRAR'S SIGNATURE: Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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 Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, M

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.