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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026622
STATE FILE NUMBER

FILED JUL 18 1958 Registration District No. 296 Primary Registration District No. 6018 Registrar's No. 18

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 Excelsior Springs FISHING RIVER TWNSHP. Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Excelsior Springs 0890 Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) RR#2 Length of stay in 1b 9 years	d. STREET ADDRESS (If outside, give location) 4 mile SE Ex.Spr. Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First MARVIN	Middle DEAN	Last SHELTON	4. DATE OF DEATH Month Day Year July 8, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Dec. 10, 1943	9. AGE (In years last birthday) 14 — 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) At home	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Claycomo, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Leo Shelton	13b. MOTHER'S MAIDEN NAME Thelma Duncan	14. NAME OF HUSBAND OR WIFE None		
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 Leo Shelton, Rt.#2, Ex. Springs, Mo.	Address	

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) Asphyxia + Shock — INTERVAL BETWEEN ONSET AND DEATH Minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 9121 3

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 ☐ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Tractor turned over Pinning pt. under same

20c. TIME OF INJURY Hour a.m. Month, Day, Year 7 — July 8, 1958

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.) Farm

20f. CITY, TOWN, OR LOCATION Excelsior Springs COUNTY Ray STATE Mo

21. I attended the deceased from Pt. was seen only in hospital. Was D.O.A.

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Eugene B. Robichaux	22b. ADDRESS Excelsior Springs, Mo	22c. DATE SIGNED 7/9/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-8-58	23c. NAME OF CEMETERY OR CREMATORY Crown Hill
23d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo.		
24. FUNERAL DIRECTOR ADDRESS Prichard Funeral Home, Inc. Excelsior Springs, Missouri	25. DATE RECD. BY LOCAL REG. 7-15-58	26. REGISTRAR'S SIGNATURE Helen J. Larkin

(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.

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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 Linda Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.