

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002234
File No.

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5925 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Como Twp.</u>)		c. LENGTH OF STAY (in this place) c. CITY OR TOWN <u>Lilbourn</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/4 Miles Highway #62 E. Baderville</u>		f. STREET ADDRESS (If rural, give location) <u>R#1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Henry</u> c. (Last) <u>Shelton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 2, 1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Jan. 2, 1882</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
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>Johnson Co. Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>William Thomas Shelton</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ann McMicke</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Belle Shelton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Dora Leone Lamb, Shelbyville, Ill.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>No Medical Attendant, by all records, death</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES <u>Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) <u>was due to being hit by car: possible</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death</u>		<u>broken left arm below elbow.</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>092</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #62</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural-Como Twp. New Madrid, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 2, 59 10:30 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Stepped in front of car.</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>New Madrid, Missouri</u>		23c. DATE SIGNED <u>Jan-2-59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4 Jan 1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>	
DATE REC'D BY LOCAL REG. <u>1/9/59</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		24d. LOCATION (City, town, or county) (State) <u>New Madrid, Missouri</u>	
				25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Richards Undertaking Co. New Madrid, Mo.</u>	

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

P. J. J.

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 *Terry L. Roberts*.....

Licensed Embalmer No. *4986*

P. O. Address *New Madrid*.....

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.