

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006425

STATE FILE NUMBER

FILED MAR 16 1959

Registration District No. 215

Primary Registration District No. 5783

Registrar's No. 9

300
-57

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brumley - RURAL -		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Brumley 0666
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Rural		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Rural
3. NAME OF DECEASED (Type or print) First Middle Last Slena Belle Shelton			4. DATE OF DEATH Month Day Year March 11, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/24/1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Brumley Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME James William Witt	
13b. MOTHER'S MAIDEN NAME Fronia Duncan		14. NAME OF HUSBAND OR WIFE James C. 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. None	17. INFORMANT Verdie Shelton
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 11 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardio-Vascular Renal disease		yes	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442x		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1957 to 3/11/59 and last saw her alive on 3/10/59. Death occurred at 3:40 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W.M. A. Gould		22b. ADDRESS Iberia Mo	22c. DATE SIGNED 3/13/59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 3/13/59	23c. NAME OF CEMETERY OR CREMATORY Mt. Union	23d. LOCATION (City, town, or county) (State) Brumley, Mo
24. FUNERAL DIRECTOR Hedges Funeral Homes		25. DATE RECD. BY LOCAL REG. March-14-1959	26. REGISTRAR'S SIGNATURE Jessie Perkins

(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 or diseases in Part I must be causally related.

MAR 12 1961

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 *Walter P. Stages*

Licensed Embalmer No. *4265*
P. O. Address *Wern, Mo.*

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.