# MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 28 1960

-60-027947

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 187

DED

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly
Length of stay in 1b 3 mos.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Community Hosp.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howard
c. CITY OR TOWN Glasgow
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Sally Middle (Wells) Last Shelton
4. DATE OF DEATH Month July Day 19 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Sept. 16, 1889
9. AGE (Last Birthday) 70
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Howard Co. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Lewis Willcoxon
13b. MOTHER'S MAIDEN NAME Gertrude Pettit
14. NAME OF HUSBAND OR WIFE David 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. Not available
17. INFORMANT Mr. David Shelton Address Glasgow Mo.

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) Inanition & Debilitation — INTERVAL BETWEEN ONSET AND DEATH 30 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 10 weeks
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)
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 4-23-60, to 7-19-60 and last saw her/him alive on 7-19-60
Death occurred at 12:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] DO
22b. ADDRESS Moberly, Mo
22c. DATE SIGNED 7-25-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 21, 1960
23c. NAME OF CEMETERY OR CREMATORY Clark's Chapel
23d. LOCATION (City, town, or county) (State) near Franklin Mo
24. FUNERAL DIRECTOR Freemonth Funeral Service
ADDRESS Glasgow Mo
25. DATE RECD. BY LOCAL REG. 7-21-60
26. REGISTRAR'S SIGNATURE Pearlie Lowe

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3970

P. O. Address Glasgow,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.