

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042703

FILED VS DEC 12 1960

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 566E Registrar's No. 155

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bedford</u>		Length of stay in 1b <u>30yr.</u>	c. CITY OR TOWN <u>Troy MO.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/2 Mi. W. of Troy MO.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1/2 Mi. W. of Troy MO.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>EVERALENA</u> Middle <u>SHELTON</u> Last			4. DATE OF DEATH Month <u>Dec.</u> Day <u>3</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-9-1879</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Mobile Ala.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas James</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wynn</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Shelton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Frank Shelton Troy MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral. Vascular accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis.</u> DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>12/1/60</u> to <u>Dec. 3, 1960</u> and last saw her <u>12/3/60</u> Death occurred at <u>12.10 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Charles Seck Mrs.</u>		22b. ADDRESS <u>Troy Mo.</u>		22c. DATE SIGNED <u>12/3/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 6, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u>	23d. LOCATION (City, town, or county) <u>Troy MO.</u>		
24. FUNERAL DIRECTOR <u>D.W. McCoy Troy Mo</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>12-4-1960</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte Seck</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

D. W. McBay

Licensed Embalmer No. *358*

P. O. Address *Troy Mo.*

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