

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS DEC 1 9 1960

595160-046338
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Grandview, Missouri</u> <u>KANSAS CITY, Mo</u> | |
| Length of stay in 1b <u>4 days</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>1221 W. 61st. Terr.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Mrs. Mary</u> Middle <u>E.</u> Last <u>Shelton</u> | | 4. DATE OF DEATH Month <u>November</u> Day <u>22</u> Year <u>1960</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11-6-71</u> |
| 9. AGE (last birthday) <u>89</u> | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) <u>Tebbetts, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S.</u> | |
| 13a. FATHER'S NAME <u>Webater Hopkins</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Bagby</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Robert E. Shelton</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT <u>Mrs. John Sanford</u> | | Address <u>1221 W. 61st. Terr.</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>Hypostatic Pneumonia</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Embolus</u> | | | <u>4 days</u> |
| DUE TO (c) <u>Generalized arteriosclerosis</u> | | | <u>15 years</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 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>Aug 4, 1949</u> to <u>11-22-60</u> and last saw her ^{her} _{him} alive on <u>11-22-60</u> Death occurred at <u>9:50 pm</u> <u>11-22-60</u> <u>PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Heater Free M.D.</u> | | 22b. ADDRESS <u>5830 Wall</u> | 22c. DATE SIGNED <u>MISSION Kansas 11-23-60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>11-25-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Melody-McGilley-Eylar</u> | ADDRESS <u>1800 E. Linwood</u> | 25. DATE RECD. BY LOCAL REG. <u>11-26-60</u> | 26. REGISTRAR'S SIGNATURE <u>H-L. Dwyer</u> |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

CHIEF OF B. LAB

Dr. Horton

*Leave at 11
He will sign*

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed *James E Hacklem*

Licensed Embalmer No. *457*

P. O. Address *K.C. 9*

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