

AMENDED
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **553**

FILED VS JAN 25 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Linn	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo.		Length of stay in 1b 218 days	c. CITY OR TOWN TROY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 115 Front Street
3. NAME OF DECEASED (Type or print) First FRED Middle Last SHELTON		4. DATE OF DEATH Month JANUARY Day 17 Year 1961	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/14/14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAXI DRIVER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 46
11. BIRTHPLACE (City and state or country) O'FALLON, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME PEARL SHELTON		13b. MOTHER'S MAIDEN NAME MINNIE CARTER	
14. NAME OF HUSBAND OR WIFE - - - - -		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-2	
16. SOCIAL SECURITY NO. NW-2		17. INFORMANT Address Lillian Perkins, Troy, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEPTICEMIA CHRONIC PYLONEPHRITIS DIABETES MELLITIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 260x			INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
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 checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. 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 6/13/60 to 1/17/61 and last saw him alive on 1/17/61 Death occurred at 2:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William T. Tucker, M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 1/17/61
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Jan 20, 60	23c. NAME OF CEMETERY OR CREMATORY Troy, Colored	23d. LOCATION (City, town, or county) (State) Troy, Mo.
24. FUNERAL DIRECTOR ADDRESS Kemper-Marsh F.H. Troy, Mo.		25. DATE RECD. BY LOCAL REG JAN 19 1961	26. REGISTRAR'S SIGNATURE Head Smith, M.D.

MAR 2 1961

JAN 26 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 Joseph Marsh Jr.

Licensed Embalmer No. 5125

P. O. Address Troy, 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.