# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-018098
STATE FILE NUMBER

AMENDED

Registration District No. 170 Primary Registration District No. — Registrar's No. 92

FILED MAY 31 1961

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dove — Length of stay in 1b: 1 year
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home Cedar Grove Nursing — Inside Limits Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First: Nora Middle: Alice Last: Shelton
4. DATE OF DEATH Month Day Year: May 18 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Oct 16 1880
9. AGE (last birthday): 80
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): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and state or country): Miller County Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Charles N Shelton
13b. MOTHER'S MAIDEN NAME: Caroline Madden
14. NAME OF HUSBAND OR WIFE: None
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.: None
17. INFORMANT: Willie Shelton Address: Crocker Missouri

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: one year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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 ☐ None
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 7/16/60, to 5/18/61 and last saw her alive on 5/13/61
Death occurred at 2 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George F. Fisher (Degree or title) MD
22b. ADDRESS Lebanon Missouri
22c. DATE SIGNED 5/20/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/20/61
23c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery
23d. LOCATION (City, town, or county) (State) Pulaski County Missouri

24. FUNERAL DIRECTOR Cannon
ADDRESS Moss-Williams Funeral Homes Crocker Mo
25. DATE RECD. BY LOCAL REG. 5-20-1961
26. REGISTRAR'S SIGNATURE Ella L. May

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

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 by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clarence Throck

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.