

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

7026

-61-027337

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

FILED AUG 8 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>4638a Kennerly</b>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Earl</b> Middle Last <b>Shelton</b>			4. DATE OF DEATH Month <b>7</b> Day <b>26</b> Year <b>61</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-23-1891</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Moving companies</b>	11. BIRTHPLACE (City and state or country) <b>Grady, Arkansas</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>
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13a. FATHER'S NAME <b>Shelton Matthew Miller</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Goode Isabelle</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.I</b>	17. INFORMANT <b>Sallie Mae Cooper 4638 Kennerly Ave</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fatty Metamorphosis</b>	INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic Alcoholism</b>	INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
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DUE TO (c) <b>322.1</b>	INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pulmonary Congestion</b>	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
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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 <b>7-12-61</b>	COUNTY	STATE
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21. I attended the deceased from <b>7-12-61</b> to <b>7-26-61</b> and last saw him alive on <b>7-26-61</b> Death occurred at <b>12:00 Midnight</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Sydney A. Fraser, M. D.</b>	22b. ADDRESS <b>2601 N. Whittier Street</b>	22c. DATE SIGNED <b>7-28-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8/1/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Jafferson Barracks, Mo</b>
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24. FUNERAL DIRECTOR <b>C.W. Roberts Und. Co 1416 N. Taylor Ave</b>	25. DATE RECD. BY LOCAL REG. <b>JUL 28 1961</b>	26. REGISTRAR'S SIGNATURE <b>Loan Smith, M. D.</b>
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DATE AMENDED 8/15/61  
INSTEAD OF Matthew Miller & Mary Goode  
DOCUMENT Hosp. record  
BY AFFIDAVIT OF Fun. Dir. Matthew Shelton & Isabelle  
SHOULD READ Matthew Shelton & Isabelle  
ITEM NO. 13a & b

**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 James A. Carter

Licensed Embalmer No. 4681

P. O. Address 875 Locust

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.