

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012140

STATE FILE NUMBER

✓ DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 8 1963
Primary Registration: District No. 200
Registrar's No. 179

VS.300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		Length of stay in 1b <u>2 years</u>		c. CITY OR TOWN <u>Joplin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1406 1/2 Main St</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u>1406 1/2 Main Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)			First <u>Herschel</u> Middle <u>James</u> Last <u>Shelton</u>		4. DATE OF DEATH Month <u>March</u> Day <u>27</u> Year <u>1963</u>		
5. SEX <u>Male</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>3/25/1878</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and state or country) <u>Grandview, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Shelton</u>			13b. MOTHER'S MAIDEN NAME <u>Lizzie Kaiser</u>		14. NAME OF HUSBAND OR WIFE <u>Ada Shelton (deceased)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>No</u>)			16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT Address <u>Mrs. Elizabeth Younger, Roseville, Calif.</u>		
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Presumed to be natural causes (coroner notified)</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last:							
DUE TO (b) <u> </u>							
DUE TO (c) <u> </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.) <u>Found dead in room by neighbors</u>					
20c. TIME OF INJURY. (Hour: <u> </u> a.m. <u> </u> p.m.)	Month, Day, Year: <u> </u>						
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>No Dr. in attendance</u> and last saw her/him alive on <u> </u>							
Death occurred at <u>9AM March 27, 1963</u> in on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Dore Merriam</u> (Degree or title) <u>Local Registrar</u>			22b. ADDRESS <u>201 Joplin St. Joplin Mo</u>		22c. DATE SIGNED <u>3/29/63</u> (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3/28/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grandview Cemetery</u>		23d. LOCATION (City, town, or county) <u>Grandview Missouri</u>			
24. FUNERAL DIRECTOR <u>E.K. George & Son, Grandview, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>3-29-1963</u>	26. REGISTRAR'S SIGNATURE <u>Dore Merriam</u>			

USE BLACK INK OR TYPEWRITER RIBBON

DEC 31 1963

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STATEMENT BY LICENSED EMBALMER

8-00

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 George L. Mel

Licensed Embalmer No. 5175

P. O. Address Joplin 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.