

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029257

STATE FILE NUMBER

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 34-63

DO NOT WRITE ON THIS STUD AMENDED

VS 300
Rev. 4/59

10660
20660

3

4 1

5 2

6

7 0

8 2

9 331X

10

11

12 1-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia,		Length of stay in 1b 1 day	c. CITY OR TOWN Iberia
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphreys Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Flora Arizona Shelton			4. DATE OF DEATH Month Day Year August 5 1963
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-9-1885
9. AGE (last birthday) 77		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) Cafe Business		10b. KIND OF BUSINESS OR INDUSTRY Cafe Business	11. BIRTHPLACE (City and state or country) Miller County
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME George Duke	
13b. MOTHER'S MAIDEN NAME Mary Polly McKee		14. NAME OF HUSBAND OR WIFE Ed Shelton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Donald Vernon St. Louis, Mo.	
17. INFORMANT Address Donald Vernon St. Louis, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)		Cerebral Hemorrhage	
DUE TO (b)		Cerebral Artery Sclerosis	
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. <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 8-4-63 to 8-5-63 and last saw her alive on 8-5-63 Death occurred at 3:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Paul Howard, D.O.	
22b. ADDRESS Tuscumbia, Mo.		22c. DATE SIGNED 8-8-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-8-63	23c. NAME OF CEMETERY OR CREMATORY Union Cemetery	23d. LOCATION (City, town, or county) Miller County Mo.
24. FUNERAL DIRECTOR Scrivner-Stevinson	ADDRESS Iberia, Mo.	25. DATE RECD. BY LOCAL REG. August 9-1963	26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach

USE BLACK INK OR TYPEWRITER RIBBON

AUG 14 1963

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 Jay L. Stevenson

Licensed Embalmer No. 5201

P. O. Address Iberia, 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.