

CERTIFICATE OF DEATH

Dist No. 060Serial No. 31

State File No. _____

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|--|---------------------------|--|-----------------------------------|---|--|---|-------------------------------|---|--|
| 1. NAME OF DECEASED (Type or Print) | | | a. (First) Andrew | b. (Middle) Kemper | c. (Last) Shelton | 2. DATE OF DEATH (Month) (Day) (Year) 1 9 54 | | | |
| 3. PLACE OF DEATH a. COUNTY Cabell | | | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE W. Va. b. COUNTY Cabell | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give district) OR TOWN Huntington | | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give district) OR TOWN Huntington | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital 10 | | | | d. STREET ADDRESS (If rural, give location) 1207-3th Ave. | | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH June 29, 1888 | 9. AGE (In years) 65 | | If under 1 year Month Days | If under 24 hrs Hours Min. | |
| 10. USUAL OCCUPATION Retired | | 10a. KIND OF BUSINESS OR INDUSTRY X | | 11. BIRTHPLACE (State or foreign country) Huntington, W. Va. | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| 13. FATHER'S NAME Joseph Shelton | | | | 14. MOTHER'S MAIDEN NAME Anna Poage | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service | | | 16. SOCIAL SECURITY No. | | 17. INFORMANT Mrs. Shelton Wife | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sunstroke on head of head</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>976X</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE <u>Suicide</u> | | (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | | 21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Huntington Cabell W. Va.</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) Year (Hour) <u>1 9 54 3:00 PM</u> | | 21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Self inflicted</u> | | 21g. INQUEST Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 22. I hereby certify that I attended the deceased from <u>1/9</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1/9</u> , 19 <u>54</u> , and that death occurred at <u>3:30 PM</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Robert S. Burnett M.D. Coroner, Cabell Co., Huntington, W. Va.</u> | | | | (Degree or title) | | 23b. ADDRESS <u>Huntington, W. Va.</u> | | 23c. DATE SIGNED <u>1/11/54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>1-11-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Springhill</u> | | 24d. EMBALMERS SIGNATURE <u>A. Rotruck</u> | | LIC. No. <u>1217</u> | |
| DATE REC'D. BY LOCAL REGISTRAR <u>JAN 16 1954</u> | | REGISTRAR'S SIGNATURE <u>Don G. R. Keathley</u> | | | 25. FUNERAL DIRECTORS (Signature) <u>Rotruck</u> | | LIC. No. <u>857</u> | | |

This becomes a leg record when properly recorded and will be placed in permanent file.

Write plainly with permanent ink or typewriter.

Physician last in attendance must state cause of death and sign medical certification. If no physician in attendance, health officer (or coroner if inquest is held) must complete and sign medical certification. Power of signature cannot be delegated.

Cause of death.

Enter only one cause per line for A.B.C. This does not mean mode of dying such as heart failure, asthma, etc., it means disease, injury or complication which caused death.

Funeral director or person disposing body, must file certificate with local registrar within 72 hours after death and to transportation common carrier or removal from state.

Items are to be complete and accurate.