

FILED JUL 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19803

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Bonne Terre</u> c. LENGTH OF STAY (in this place) <u>56 yrs.</u>		c. CITY OR TOWN <u>Bonne Terre</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>227 Church Street</u>		STREET ADDRESS (If rural, give location) <u>227 Church Street</u> <u>094/0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Shelton</u> b. (Middle) <u>Orville</u> c. (Last) <u>Counts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 2 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <del>WIDOWED</del> <u>MARRIED</u> OR FORCED (Specify)	
8. DATE OF BIRTH <u>May 28, 1899</u>		9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR: Months <u>1</u> Days <u>4</u> IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rural Mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U. S. Post Dep.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bonne Terre, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Finus Counts</u>		13b. MOTHER'S MAIDEN NAME <u>Rilla Pinkston</u>	
14. NAME OF HUSBAND OR WIFE <u>Ostylee Counts</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. W. I</u>		16. SOCIAL SECURITY NO. <u>--</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. S. O. Counts</u>		ADDRESS <u>Bonne Terre, Mo.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rectum</u>		ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>  </u>	
		DUE TO (c) <u>  </u>				
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			<u>154 X</u>	

19a. DATE OF OPERATION <u>July 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rectum, permanent colestomy resulted</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 8/29/54, 1954, to 7/2/55, 1955, that I last saw the deceased alive on 7/2/55, 1955, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>  </u>		23b. ADDRESS <u>Bonne Terre, Mo.</u>		23c. DATE SIGNED <u>7/5/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/5/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois, Meo. Pk. Bonne Terre, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>  </u>	
DATE REC'D BY LOCAL REG. <u>JULY 5/1955</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Z. Boyer &amp; Son, Desloge, Mo.</u>		ADDRESS <u>  </u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 18 1958

MAY 21 1958

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..... *B. T. Dayer* .....

Licensed Embalmer No. *36*

P. O. Address *Mealy*

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.