

BIRTH NO.			REGISTRAR'S NO.		
1. PLACE OF DEATH a. COUNTY Polk		CODE NO. 13-111	2. USUAL RESIDENCE (Where deceased lived if institution; Residence at, or admission) a. STATE Florida b. COUNTY Polk		
b. CITY, TOWN, OR LOCATION Lake Wales - Rural		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	c. CITY, TOWN, OR LOCATION Lake Wales - Rural		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
4. NAME OF HOSPITAL OR INSTITUTION Camp Lester		f. LENGTH OF STAY IN 16 10 yrs	d. STREET ADDRESS Camp Lester		ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BURT Middle EDWIN Last SHOTTON			4. DATE OF DEATH Month July Day 29 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 18, 1884	9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baseball Manager		10b. KIND OF BUSINESS OR INDUSTRY Baseball	11. BIRTHPLACE (State or foreign country) Brownhelm, Ohio		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Shotton			14. MOTHER'S MAIDEN NAME Allie Bacon		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 300-07-4609	17. INFORMANT'S SIGNATURE <i>[Signature]</i> Orlando, Florida		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH su & day
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (4)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. (Probably) 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 a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20e. CITY, TOWN, OR LOCATION 1958
20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20g. CITY, TOWN, OR LOCATION July 1962			COUNTY Polk
20h. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20i. CITY, TOWN, OR LOCATION 26 July 62			STATE Fla
21. I attended the deceased from _____ to _____ and last saw him alive on 26 July 62 Death occurred at 8:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS M. D. Lake Wales, Florida		22c. DATE SIGNED 8/1/1962	
a. BURIAL INFORMATION (Specify if) Burial		23a. NAME OF CEMETERY OR CREMATORY Lake Wales Burmatary	23b. LOCATION (City, town, or county) (State) Lake Wales, Florida		
23c. DATE 8/1/1962		23d. NAME OF CEMETERY OR CREMATORY Lake Wales Burmatary		23e. LOCATION (City, town, or county) (State) Lake Wales, Florida	
FURNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS Marion Nelson Funeral Home	25. DATE RECD. BY LOCAL REG. 8-7-62	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
FURNERAL HOME Lake Wales, Fla.		25. DATE RECD. BY LOCAL REG. 8-7-62		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	