

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

15040
Do not use this space.

REC'D MAY 11 1938

1. PLACE OF DEATH

(a) County Laclede Registration District No. 449
 (b) Township _____ Primary Registration District No. 4267 Registered No. _____
 (c) City Lebanon (d) Street No. Wallace Hospital - Lebanon St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Lee Shockley 24

(a) Residence, No. Lebanon Route 5 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Shockley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 9 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co. Mo.

FATHER 13. NAME Westley Shockley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Alta Magee Lebanon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon DATE April 12, 1938

19. FUNERAL DIRECTOR (ADDRESS) W. E. Holman Lebanon, Mo.

20. FILED 4-18-38 J. M. Wood Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1938, to April 11, 1938
 I last saw him alive on April 11, 1938 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Influenza

Date of onset 3/27/38

Other contributory causes of importance:

Kidney block.

Name of operation none Date of _____

What test confirmed diagnosis Physical Exam Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____ (Signed) P. Cunningham, M. D.

(Address) _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Carl W. House, Licensed Embalmer No. 3955

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Carl W. House

Licensed Embalmer No. 3955

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.)