

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

Do not use this space.

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REC'D OCT 20 1939

1. PLACE OF DEATH

County Holt Registration District No. 392
Township Benton Primary Registration District No. 4218
City Mound City (No. _____) St. _____ Ward _____

File No. 32509

Registered No. 1013

2. FULL NAME ORA ALBERT SHOCKLEY

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. ELIZABETH J. SHOCKLEY (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE - 2 - 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 3 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas Station

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (CITY OR TOWN) Holt County (STATE OR COUNTRY) Mo

13. NAME Francis Elmer Abbott

14. BIRTHPLACE (CITY OR TOWN) Proyer, Mo (STATE OR COUNTRY)

15. MAIDEN NAME Frances Elmer Abbott

16. BIRTHPLACE (CITY OR TOWN) Proyer, Mo (STATE OR COUNTRY)

17. INFORMANT Martha E. Uphouse (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE MALHANP DATE SEPT-10-1939

19. UNDERTAKER J. FRED TERNUNE (ADDRESS) Savannah, Mo

20. FILED Sept 16, 1939 J. Cherry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 1939, to _____, 1939.

I last saw h. _____ alive on _____, 1939. Death is said to have occurred on the date stated above, at 2:30 m.

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

Self inflicted gunshot in head

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Y

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 9-8, 1939

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 in home

Nature of injury Revolver shot in head

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) D. C. Perry, Caron, M. D.

(Address) Mound City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGI RESERVED FOR BINING

STATEMENT BY LICENSED EMBALMER

I, J. Fred Leshum Licensed Embalmer No. 1279

whereby certify that the body recorded on the reverse side of this
Certificate was embalmed by _____

by _____, Registered Apprentice No. _____

(Signed) J. Fred Leshum
Licensed Embalmer No. 1279

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(Failure to comply with the above regulation constitutes grounds for revocation of license.)

Director's Office No. 44,
Bureau File No. 1039-1330
Date Filed OCT 16 1939