

FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35442

Registration District No. 508

Primary Registration District No. 3020

Registrar's No. 103147

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
73 Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 43 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 73 Cherry
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1941 hour 11 minute 05 A.M.

21. I hereby certify that I attended the deceased from Aug 3
1941 to Oct 29 1941
that I last saw him alive on Oct 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Pulmonary TB.
Due to.....
Due to.....

Duration Several yrs.

Other conditions 138
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Donald M. Doud (M. D. or other)
Address Chillicothe MO Date signed 10/27/41

3. (a) PRINT FULL NAME

Oscar Joseph Shockley

3. (b) If veteran, name war World War I
3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian Shockley
6. (c) Age of husband or wife if alive 19 years
7. Birth date of deceased February 19 1896
(Month) (Day) (Year)

8. AGE: Years 45 Months 8 Days 10
If less than one day hr. min.

9. Birthplace Meadville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Employee of Swift & Co.

11. Industry or business

MOTHER FATHER { 12. Name James H. Shockley
13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Mattie E. Lavar
15. Birthplace Linneus Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Poole
(b) Address 60 Washington; Chillicothe Mo

17. (a) Burial (b) Date thereof 10-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood

18. (a) Signature of funeral director F.B. Norman Funeral Home
(b) Address Chillicothe, Missouri

19. (a) Oct 31-1941 (b) Lou Ella Curry
(Date buried local registrar) (Registrar's signature)

758 (Licensed Embalmer's Statement on Reverse Side)

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

59
1
2

NOV 1 0 1944

NOV 2 1945

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.....

Elton F. Norman & E. R. Norman (2374)....., Registered Apprentice No.....
working under my personal supervision.

Signed *Elton F. Norman*.....

Licensed Embalmer No..... 4036

P. O. Address Chillicothe, Mo.

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 this body is not embalmed, fact should be so stated above.