FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1948

Registration District No. 29

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22916

Primary Registration District No. 5466

Registrar's No. 607

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Rural—South Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
OZARK OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 4 hrs 35 min (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ink (b) County Shannon 101

(c) City or town Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME "B" Baby Girl Shockley

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race WHITE

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 22, 1948 (Day) 2:10 P.M. (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	4 hr. 35 min.

9. Birthplace Ozark Osteopathic Hosp. Springfield, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Wilbert Vern Shockley
13. Birthplace Ink, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marguerite Wade Thomas
15. Birthplace Russellville - Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Wilbert Vern Shockley
(b) Address Ink, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date of deceased July 24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ink Mo.

18. (a) Signature of funeral director J. F. Duncan
(b) Address Mt. View Mo

19. (a) 7-28-48 (Date received local registrar) (b) W. E. Hardley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1948 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 22, 1948 to July 22, 1948 that I last saw her alive on July 22, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory Failure	
Due to Unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature N. J. Newell (M. D. or other) D.O.

Address 700 E Sunshine Springfield, Mo Date signed 7/22/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 _____ Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.