FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 2 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 23568

Registration District No. 1049 — Primary Registration District No. 3043 — Registrar's No. 231

1. PLACE OF DEATH:
(a) County MARION
(b) City or town HANNIBAL (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Elizabeth Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Hrs. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 69
(c) City or town Monroe City (If outside city or town limits, write "RURAL")
(d) Street No. 218 East Summer (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAKE C SHIVELY
3. (b) If veteran, name war NO 1
3. (c) Social Security No. 489-16-6633
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife AVEL L.
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased SEPTEMBER (Month) 26 (Day) 1895 (Year)

8. AGE: Years 52 Months 9 Days 23 If less than one day ... hr. ... min.

9. Birthplace Chariton County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation General Laborer
11. Industry or business Henderson Produce Co
FATHER
12. Name WILLIAM S. SHIVELY
13. Birthplace [illegible] (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Virginia F. Bentley
15. Birthplace Chariton County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Carl Shively
(b) Address Monroe City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation St Judes Monroe City
18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City Missouri
19. (a) 7-23-48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1948 hour 2 minute 26 A.M.
21. I hereby certify that I attended the deceased from 7-19-48, 19..., to 7-20, 1948 that I last saw him alive on 7-19, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Shock | 12 hrs |
| Due to: Third degree burns 4/5 of body | |
| 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) accident 64
(b) Date of occurrence 7/19/48
(c) Where did injury occur? Highway 36 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 36, Truck overturned and burned (Specify type of place)
While at work? (e) Means of injury
23. Signature R. L. Murphy (M. D. ~~or other~~)
Address Hannibal, Mo Date signed 7-23-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG 5 19

## 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 Charles D. Greening, Registered Apprentice No. 214 working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, Mo.

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

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

To whom it may concern:

I, James O'Donnell Coroner of Marion County Missouri, viewed the remains of Jake Shively who passed away from injuries caused by truck wreck July 19. 1948, and talked to family of same and they and myself decided that an inquest was not needed.

James O'Donnell
Coroner of Marion Co Mo.

AUG 11 1948

5-23-60