

FILED JAN 31 1949

STANDARD CERTIFICATE OF DEATH

State File No. 647

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 12022

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Gallatin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.R.5 North Kansas City Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R.5 North Kansas City Mo.		d. STREET ADDRESS (If rural, give location) R.R. 5 North Kansas City Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) Clayton	b. (Middle) Cain	c. (Last) Shackelford	4. DATE OF DEATH (Month) (Day) (Year) Jan. 3 1949
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5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Sept. 22 1880	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 3	IF UNDER 1 YEAR Days 11	IF UNDER 24 HRS. Hours x	IF UNDER 24 HRS. Min. x
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired railroad	10b. KIND OF BUSINESS OR INDUSTRY Section	11. BIRTHPLACE (State or foreign country) Mercy County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Viola Shackelford
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME C.N. Shackelford	ADDRESS R.R.2 Liberty
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>O.S. Pate M.D. (Coroner)</u>	23b. ADDRESS <u>North Kansas City, Mo.</u>	23c. DATE SIGNED <u>1/3/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan. 6, 1949	24c. NAME OF CEMETERY OR CREMATORY Spickard Cemetery	24d. LOCATION (City, town, or county) (State) Spickard Missouri
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DATE RECD BY LOCAL REG. <u>Jan 4-1949</u>	REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith's Funeral Home</u>	ADDRESS <u>North Kansas City</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No; 8.

District File Number.....

Date Filed 1-28-49

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.