S. No. 300
v. 10.48

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

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13186

BIRTH NO. _____ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 5810 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Americus, Mo.
c. LENGTH OF STAY (in this place): 61
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery, 70
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Americus, Mo.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Missouri
b. (Middle): Florence
c. (Last): Shackelford,

4. DATE OF DEATH (Month) (Day) (Year): April 13-1949

5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 24th 1867
9. AGE (In years last birthday): 81 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New Florence, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Thomas J. Powell,
13b. MOTHER'S MAIDEN NAME: Mary Devault,
14. NAME OF HUSBAND OR WIFE: Lee Shackelford,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: XX
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Nana Lee Thompson — ADDRESS: Americus, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Haemmorhage — Jan 13 1949
DUE TO (c) Chronic myocarditis — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 13, 1949, *to* April 13, 1949, *that I last saw the deceased alive on* March 30, 1949, *and that death occurred at* 7:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: James O. Helm (Degree or title) MD
23b. ADDRESS: New Florence Mo.
23c. DATE SIGNED: 4-13-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 15-1949
24c. NAME OF CEMETERY OR CREMATORY: Hunter Cemetery
24d. LOCATION (City, town, or county) (State): Near Americus, Mo.

DATE REC'D BY LOCAL REG.: April 15-1949
REGISTRAR'S SIGNATURE: Mrs Nana Lee Thompson 208
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] — ADDRESS: Americus, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number APR 19 1949
Date Filed

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 D. B. Baker, Student Embalmer No. ....., working under my personal supervision.

Signed D B Baker

Signed ..... Student Embalmer

Licensed Embalmer No. 3375

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.