

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24138

BIRTH NO. _____		REG. DIST. NO. 211		PRIMARY REG. DIST. NO. 4324		Registrar's No. _____							
1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Miller					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tuscumbia			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tuscumbia							
d. FULL NAME OF HOSPITAL OR INSTITUTION Humphreys Hospital				d. STREET ADDRESS (If rural, give location)									
3. NAME OF DECEASED (Type or Print) George Earnest Shackelford			a. (First)			b. (Middle)			c. (Last)				
4. DATE OF DEATH July 15, 1949			a. (Month)			b. (Day)			c. (Year)				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced		8. DATE OF BIRTH July 18, 1880		9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR Months 11 Days 27		11. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Miller County, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James W. Shackelford				13b. MOTHER'S MAIDEN NAME Nancy Pinkston				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 486-12-4730				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold Shackelford K.C. Kansas					
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) Acute Myocarditis										INTERVAL BETWEEN ONSET AND DEATH 48 hr			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis										48 hr			
DUE TO (c)													
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.													
4501													
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
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)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from Jan 1949, to July 15, 1949, that I last saw the deceased alive on July 15, 1949, and that death occurred at 6:45 P.M., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) M. E. Humphreys, D.O.						23b. ADDRESS Tuscumbia, Mo.			23c. DATE SIGNED 7-15-49				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 17-49		24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant		24d. LOCATION (City, town, or county) (State) Eldon, Missouri							
DATE REC'D BY LOCAL REG. 8-1-49		REGISTRAR'S SIGNATURE Mas Richard J. Wright		391 25 FUNERAL DIRECTOR'S SIGNATURE James D. Phillips		ADDRESS							

HS (Licensed Embalmer's Statement on Reverse Side)

AUG 1 1948

RECEIVED JUL 25 1949
District Health Officer No. 9,
District File Number

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

L. P. Phillips + Leo H. Whitaker Student Embalmer No. *314*
working under my personal supervision.

Signed *Leo H. Whitaker*
Student Embalmer

Signed *Louis P. Phillips*
Licensed Embalmer No. *3663*
P. O. Address *Edison*

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

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