

FILED AUG 25 1949

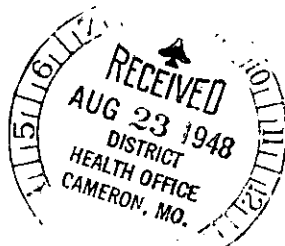
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29135

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 6276		Registrar's No. 27110	
1. PLACE OF DEATH a. COUNTY <u>Worth</u> 1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - East Union 10dps</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - East Union Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - 2 miles West</u>				d. STREET ADDRESS (If rural, give location) <u>2 mile West of Grant City Mo</u>			
3. NAME OF DECEASED (Type or Print) <u>Rose Inez Shockley</u>		a. (First) <u>Rose</u> b. (Middle) <u>Inez</u> c. (Last) <u>Shockley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug - 10 - 1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 13 - 1889</u>	
9. AGE (In years last birthday) <u>60</u>		10. MONTHS <u>6</u> DAYS <u>27</u>		11. BIRTH PLACE (State or foreign country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTH PLACE (State or foreign country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. E. Moody</u>		13b. MOTHER'S MAIDEN NAME <u>Nathaniel Benfield C. S. Shockley</u>		14. NAME OF HUSBAND OR WIFE <u>C. S. Shockley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C. S. Shockley</u>		ADDRESS <u>Grant City, Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbidity 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. INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		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) m. <u>3:00 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug 10, 1949</u> , to <u>Aug 10, 1949</u> , that I last saw the deceased alive on <u>Aug 10, 1949</u> , and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. J. Ross MD</u> (Degree or title) 0.				23b. ADDRESS <u>Grant City Mo</u>		23c. DATE SIGNED <u>Aug 10 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 13 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Massion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marionville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 16 1949</u>		REGISTRAR'S SIGNATURE <u>John E. Dawson</u> 345		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Anderson</u>		ADDRESS <u>Grant City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

John Andrews
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed

John Andrews

Licensed Embalmer No. *4211*

P. O. Address *Elvert City Mo*

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.