

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37823**

FILED DEC 3 1949

BIRTH NO. _____		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>5638</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> b. CITY OR TOWN <u>Shi-a-Bar</u> c. LENGTH OF STAY (in this place) <u>1 yr.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8mi.-SW. Odessa Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> c. CITY OR TOWN <u>Rural-Shi-a-Bar Twp.</u> d. STREET ADDRESS (If rural, give location) <u>8mi.-SW. Odessa Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arnold</u> b. (Middle) <u>Caroline</u> c. (Last) <u>Shockley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 1-1872</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fatmer</u>		11. BIRTHPLACE (State or foreign country) <u>Hexington - Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Flanders Shockley</u>			13b. MOTHER'S MAIDEN NAME <u>Willie Nelson</u>		14. NAME OF HUSBAND OR WIFE <u>Leola Shockley</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-144330</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leola Shockley - Odessa 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>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arterial Hypertension</u> 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>30 min.</u> <u>15pm (approx.)</u> <u>4:30</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Nov 12, 1949</u> , to <u>Nov 14, 1949</u> , that I last saw the deceased alive on <u>Nov 14, 1949</u> , and that death occurred at <u>1:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. F. Slaughter, D.O.</u>				23b. ADDRESS <u>Odessa Mo.</u>		23c. DATE SIGNED <u>11/14/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 16-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bates City</u>		24d. LOCATION (City, town, or county) (State) <u>Bates City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 15 '49</u>		REGISTRAR'S SIGNATURE <u>Letta Drummond</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Blair & Sons Odessa, Mo.</u>			

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

54
0

NOV 30

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-20-49

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 Charles R. Blaine

Licensed Embalmer No. 2945

P. O. Address Osman, 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.