

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 370

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 2007		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Roubauer, Missouri			c. LENGTH OF STAY (In this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Roubauer, Missouri		
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hosp. P.B.Mo.				d. STREET ADDRESS (If rural, give location) Route			
3. NAME OF DECEASED (Type or Print) a. (First) Earl			b. (Middle) Shackelford		c. (Last) Shackelford		
4. DATE OF DEATH (Month) (Day) (Year) Jan 9, 1950		5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 6, 1896		9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Carlisle Ark. /	
12. CITIZENRY OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Julius Housen Shackelford		13b. MOTHER'S MAIDEN NAME Mary Francis McGinnis		14. NAME OF HUSBAND OR WIFE Hattie Shackelford	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leo Scott Roubauer, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Failure DUE TO (c) Cerebral Hemorrhage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH  331X
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 5-17, 1949, to 1-9, 1950, that I last saw the deceased alive on 1-9, 1950, and that death occurred at 6:50 p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. Markel, M.D.				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-11-50		24c. NAME OF CEMETERY OR CREMATORY Roubauer, Cem.		24d. LOCATION (City, town, or county) (State) Roubauer, Missouri	
DATE REC'D BY LOCAL REG. Jan 17, 1950		REGISTRAR'S SIGNATURE Wm. H. Johnson		428		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Funeral Home Dexter, Mo.	

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

JAN 20<sup>3</sup> RECD

150-40  
BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

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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 \_\_\_\_\_

*Raymond L. Duffie*

Student Embalmer No. *361*

working under my personal supervision.

Student *Raymond L. Duffie*

Student Embalmer

Signed *Walter Marsh Waters*

Licensed Embalmer No. *4717*

P. O. Address *Dexter, 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.