

FILED FEB 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1845

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 4349 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Morgan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stover</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stover, Missouri.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stover, Missouri.</u>		d. STREET ADDRESS (If rural, give location) <u>Stover, Missouri.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ODD</u>			b. (Middle) <u>HERMAN</u>			
c. (Last) <u>SHOCKLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 31 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 12, 1875</u>		9. AGE (In years last birthday) (Specify) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Morgan County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Herman Shockley</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Janie Huff 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>490-16-8964</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ray Shockley, Stover, Missouri.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypostatic Pneumonia</u> 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>522X</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) <u>Stover Morgan MO</u>		
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>Jan-50</u> , 19 <u>49</u> , <u>Jan-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan-50</u> , 19 <u>50</u> , and that death occurred at <u>3:30a</u> m., from the causes and on the date stated above.						
23a. SIGNATURE <u>A. W. Moreland</u>		23b. ADDRESS <u>Cell Camp Mo</u>		23c. DATE SIGNED <u>Feb-1-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shilo Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>Morgan County, Missouri.</u>		DATE REC'D BY LOCAL REG. <u>Feb, 8th 1950</u>		REGISTRAR'S SIGNATURE <u>H. L. Rippey</u>		
FUNERAL DIRECTOR'S SIGNATURE <u>J. L. Stevenson</u>		ADDRESS <u>Stover, Mo.</u>				

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

RECEIVED

District Health Officer No. 7,

District File Number 1-50-63

Date Filed 2-13-57

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student _____
Student Embalmer

Signed J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover, Missouri

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.