

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3349

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 119

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) Ferguson | c. LENGTH OF STAY (in this place) 20 yrs | c. CITY (If outside corporate limits, write RURAL and give township) Ferguson | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 420 Harrison Ave. | | d. STREET ADDRESS (If rural, give location) 420 Harrison Ave. | |

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|---|----------------------------------|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) B. c. (Last) Shackelford | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 1950 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 6, 1871 | | 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR: Months 6 Days 6 IF UNDER 12 HRS. Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Railway | | 11. BIRTHPLACE (State or foreign country) Middletown, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | | | | |

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| 13a. FATHER'S NAME Marcus D. Shackelford | | 13b. MOTHER'S MAIDEN NAME Catherine Shackelford | | 14. NAME OF HUSBAND OR WIFE Cora 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. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cora Shackelford Ferguson, Mo. | |

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| 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 | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial-pneumonia | | DUE TO (b) chr myo carditis | | | 10 days | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) arteriosclerosis | | | 1845 | |
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. | | none | | | 1935 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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|--|--|--|--|---|--|
| 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 1-10, 1948, to 1-12, 1950, that I last saw the deceased alive on 1-12, 1950, and that death occurred at 9 p. m., from the causes and on the date stated above.

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|---|--|--------------------------------------|--|---|--|
| 23a. SIGNATURE (Degree or title) Ray Johnson M.D. | | 23b. ADDRESS Ferguson, Mo. | | 23c. DATE SIGNED 1/14/50 | |
| 24a. BURIAL / CREMATION / REMOVAL (Specify) Burial | | 24b. DATE 2/16/50 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | | | | | |

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|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 1-14-50 | | REGISTRAR'S SIGNATURE Berbert R. Dombke | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ferguson, Mo. | |
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(Licensed Embalmer's Statement on Reverse Side)

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

1001

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 L. M. White

Licensed Embalmer No. 3973

P. O. Address Ferguson, 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.