

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 21 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5437 Registrar's No. 22

5376

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

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural - Bourbois twsh.</u> ) c. LENGTH OF STAY (In this place) <u>2 yr</u>		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural</u> )	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>family home</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SUSAN</u>	b. (Middle) <u>M.</u>	c. (Last) <u>SHOCKLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7/4/50</u>
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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>Sept. 28-1877</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR <u>7</u> Months <u>6</u> Days	IF UNDER 1 WEE. <u>6</u> Hours <u></u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>DAVID BRANSON</u>	13b. MOTHER'S MAIDEN NAME <u>MATILDA PHELPS</u>	14. NAME OF HUSBAND OR WIFE <u>James Shockley</u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ralmon Shockley</u> ADDRESS <u>Bland, Mo</u>
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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) <u>Endocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>/</u> DUE TO (c) <u>/</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>/</u>		<u>421V</u>	

19a. DATE OF OPERATION <u>/</u>	19b. MAJOR FINDINGS OF OPERATION <u>/</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>/</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>/</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>/</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>/</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>/</u>

22. I hereby certify that I attended the deceased from 1-1, 1945 to 7-4, 1950, that I last saw the deceased alive on 7-1, 1950, and that death occurred at 5:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. A. Burge M.D.</u>	23b. ADDRESS <u>Bland Mo</u>	23c. DATE SIGNED <u>7-6-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/7/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>College Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Osage County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 8, 1950</u>	REGISTRAR'S SIGNATURE <u>Norvelly Shockley</u>	363	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gasman's Funeral Service</u> ADDRESS <u>Bland, Mo</u>
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RECEIVED JUL 12 1950  
District Health Officer No. 9,  
District File Number \_\_\_\_\_

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. ....

Signed \_\_\_\_\_

*Charles Sasmann*

Signed .....

Student Embalmer

Licensed Embalmer No. 4128

P. O. Address Blair

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.