No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29815

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4137 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY: CLINTON
b. CITY (If outside corporate limits, write RURAL and give township) TOWN: TRIMBLE
c. LENGTH OF STAY (In this place): 50 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: CLINTON
c. CITY (If outside corporate limits, write RURAL and give township) TOWN: TRIMBLE
d. STREET ADDRESS (If rural, give location): NO STREET ADDRESS

3. NAME OF DECEASED (Type or Print): a. (First) ARCH b. (Middle) ALLEN c. (Last) SHACKELFORD
4. DATE OF DEATH (Month) (Day) (Year): SEPT. 2, 1950
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 20, 1864
9. AGE (In years last birthday): 85 — If under 1 year: Months 11 Days 13 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: GENERAL FARMING
11. BIRTHPLACE (State or foreign country): PLATTE COUNTY MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: RICHARD L. SHACKELFORD
13b. MOTHER'S MAIDEN NAME: ELIZABETH SBERRY
14. NAME OF HUSBAND OR WIFE: BELLE BEST
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: DAVID A. SHACKELFORD, TRIMBLE, MO.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____ — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Peptic ulcer — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1950, to Sept 2, 1950, that I last saw the deceased alive on Aug 15, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: [illegible] (Degree or title) M.D.
23b. ADDRESS: Plattsburg Mo
23c. DATE SIGNED: Sept 5 50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-4-1950
24c. NAME OF CEMETERY OR CREMATORY: RIDGELEY CEMETERY
24d. LOCATION (City, town, or county) (State): 3 MILES SOUTH EDGERTON, MO.

DATE REC'D BY LOCAL REG.: September 6, 1950
REGISTRAR'S SIGNATURE: Elizabeth Scarce 441
25. FUNERAL DIRECTOR'S SIGNATURE: McComan Funeral Home
ADDRESS: Smithville Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 18 1950
DISTRICT HEALTH OFFICE
CAMERON, MO.

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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, 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.