No. 300
10.48

FILED DEC 2 1950

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Reg No. 89091

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39452

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2781

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson Brks., Mo.
c. LENGTH OF STAY (in this place): 32 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET ADM HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: [illegible]
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kane
d. STREET ADDRESS (If rural, give location): Box 27

3. NAME OF DECEASED (Type or Print)
a. (First): TROY
b. (Middle): IVAN
c. (Last): SHACKELFORD

4. DATE OF DEATH (Month) (Day) (Year): 11 18 50

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 7-21-89

9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — 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: —

11. BIRTHPLACE (State or foreign country): WHITEHALL, ILLINOIS

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: BEN SHACKELFORD

13b. MOTHER'S MAIDEN NAME: DOLL KINSER

14. NAME OF HUSBAND OR WIFE: RUTH SHACKELFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW-1

16. SOCIAL SECURITY NO.: UNK

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA HOSPITAL RECORDS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): PULMONARY EMBOLISM — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: CARCINOMA OF NECK, METASTASIS — 465X

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10-17-50

19b. MAJOR FINDINGS OF OPERATION: Metastasis of squamous carcenoma to lymph nodes widespread

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — (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?

VA

22. *I hereby certify that I attended the deceased from* OCT. 11 1950, *to* NOV 18, 1950 *and that death occurred at* 3:15 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.

23b. ADDRESS: VA HOSPITAL, JEFF BKS, MO.

23c. DATE SIGNED: 11-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: 11-19-50

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Whitehall, Illinois

DATE REC'D BY LOCAL REG.: 11/19/50

REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Albert H. Hoppe 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

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 Me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Geo W Wilkinson

Signed.....
Student Embalmer

Licensed Embalmer, No. 3575

P. O. Address St Louis 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.