

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2273

286

BIRTH NO. _____ REG. DIST. NO. 814 PRIMARY REG. DIST. NO. 6064 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Osceola (Rural)</u>		c. LENGTH OF STAY (in this place) <u>4 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		3108
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Haven Hill Rest Home</u>			d. STREET ADDRESS (If rural, give location) <u>1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) _____ c. (Last) <u>Shackley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 23 1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>6-19-1858</u>		9. AGE (In years last birthday) <u>92</u> IF UNDER 1 YEAR Months <u>?</u> IF UNDER 12 HRS. Days <u>4</u> Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>9</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE _____	
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>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>County Record Assessor Mo</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>intestinal obstruction</u> 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 Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5705</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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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>1-18</u> , 19 <u>51</u> , to <u>1-23</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-23</u> , 19 <u>51</u> , and that death occurred at <u>10 PM</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Ruth Seewers</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Osceola Mo</u>		23c. DATE SIGNED <u>1-24-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/25-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osceola Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Osceola Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-24-51</u>	REGISTRAR'S SIGNATURE <u>R Seewers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J B Seewers</u>	ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

0930
4

RECEIVED 2251

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2 25 51 _____

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 *J. B. Goodrich* _____

Licensed Embalmer No. 3038 _____

P. O. Address *Proctor, Md* _____

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.