

No. 300 FILED APR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8680

0485

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 2026 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence DINE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Springs Blue 0480	
c. LENGTH OF STAY (In this place) 1 1/2 hr.		d. STREET ADDRESS (If rural, give location) Blue Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium			

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth	b. (Middle) Lee	c. (Last) Shackelford	4. DATE OF DEATH (Month) (Day) (Year) March 23, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 13, 1868	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 10	IF UNDER 1 HR. Hours 10	IF UNDER 1 HR. Min. 10
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Johnson Co, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Qualls	13b. MOTHER'S MAIDEN NAME ?	14. NAME OF HUSBAND OR WIFE ?
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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) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME A. J. Shackelford	ADDRESS Indep. 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, asthenia, 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) Cerebral thrombosis		5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Sclerosis DUE TO (c) General Arteriosclerosis		1 year 2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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)
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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?
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22. I hereby certify that I attended the deceased from 3/23-1952 to 3-23-1952 that I last saw the deceased alive on 3/23/1952 and that death occurred at 4:30 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Allen M.D.	23b. ADDRESS Independence, Mo	23c. DATE SIGNED 3/24/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 25, '52	24c. NAME OF CEMETERY OR CREMATORY Blue Springs Cemetery	24d. LOCATION (City, town, or county) (State) Blue Spring Missouri
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DATE REC'D BY LOCAL REG. 3-25-52	REGISTRAR'S SIGNATURE [Signature]	354	25. FUNERAL DIRECTOR'S SIGNATURE Roland P. Speake	ADDRESS Indep Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 2 1953

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 _____

Raymond M. Hardy

Student Embalmer No. *452*

working under my personal supervision.

Student *Raymond M. Hardy*
Student Embalmer

Signed *Roland B. Senka*

Licensed Embalmer No. *364*

P. O. Address *Indy, Ind.*

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.