

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20168

State File No.

FILED JUN 23 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 600

396
3

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Utah b. COUNTY Salt Lake	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salt Lake City	
c. LENGTH OF STAY (in this place) 15 minutes		d. STREET ADDRESS (If rural, give location) Unknown	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Parking lot rear Moran Hotel			

3. NAME OF DECEASED (Type or Print) a. (First) LOUIE b. (Middle) C. c. (Last) SHACKELFORD			4. DATE OF DEATH (Month) (Day) (Year) June 17 1952		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	
8. DATE OF BIRTH May 24, 1892		9. AGE (In years last birthday) 60		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Office & Janitor Supply		11. BIRTHPLACE (City and State or Foreign Country) Springfield, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Shackelford		13b. MOTHER'S MAIDEN NAME Emma (unknown)		14. NAME OF HUSBAND OR WIFE Merton Shackelford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Bess Gibson, Springfield, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon monoxide poisoning (Suicide)		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

E9731

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in car		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield Greene Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 17, 1952 - 1 a.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Attached hose to exhaust of car	

22. I hereby certify that I attended the deceased from _____ to _____ that he last saw the deceased _____ that death occurred at **1:30A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] Coroner		23b. ADDRESS 407 Medical Arts Bldg.		23c. DATE SIGNED 6-17-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 19, 1952		24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery	
24d. LOCATION (City, town, or county) (State) Springfield, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Springfield, Mo	
DATE REC'D BY LOCAL REG. 6-18-52		REGISTRAR'S SIGNATURE [Signature]			

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

AUG 8 1952

AUG 30 1952

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: Bernard F. Wright

Licensed Embalmer No. 42 93

P. O. Address Springfield, 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.