

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7168**

FILED MAR 3 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4431 Registrar's No. 26

850  
3

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

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dixon, Missouri</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba, Missouri</u>	<u>0280</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home of Rev. Sauer</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print), a. (First) <u>John</u> b. (Middle) <u>Webster</u> c. (Last) <u>Shockley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb.</u> <u>19</u> <u>53</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 12, 1871</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR <u>3</u> Days	IF UNDER 12 HRS. <u>7</u> Hours	IF UNDER 1 MIN. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber Buver</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bland, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Isaac Shockley</u>		13b. MOTHER'S MAIDEN NAME <u>Rachael Grider</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Shockley</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS		
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) <u>Valvular erosion</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Apoplexy</u>				<u>1949</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>352x</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 Feb. 17, 1953, to Feb. 18, 1953, that I last saw the deceased alive on Feb. 18, 1953, and that death occurred at 3/20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. R. W. Michigan</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Dixon, Missouri</u>		23c. DATE SIGNED <u>Feb. 20 1953</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 21 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kinder Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cuba, Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>2-21-53</u>	REGISTRAR'S SIGNATURE <u>Paul A. Shanahan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Shanahan</u>	ADDRESS <u>Cuba, Mo.</u>		
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RECEIVED  
2-21-53  
East County Health Officer  
File Number  
Date Filed 2-28-53

STATEMENT BY LICENSED EMBALMER

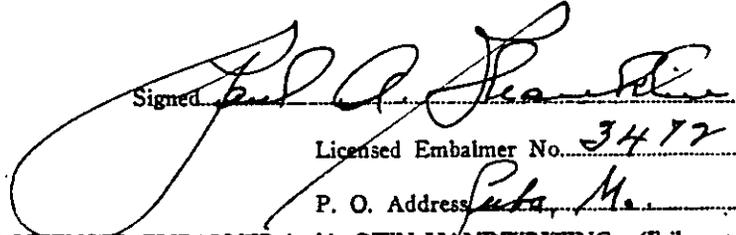
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

  
Licensed Embalmer No. 3472  
P. O. Address [unclear] 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.