

FILED MAR 17 1953

## STANDARD CERTIFICATE OF DEATH

State File No. 12946

BIRTH NO. _____		REG. DIST. NO. 325		PRIMARY REG. DIST. NO. 6099		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY <i>Schuyler</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Schuyler</i>			
b. CITY (If outside corporate limits, write RURAL and give town) <i>Rural - W. Prairie</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural - West Prairie</i>		d. STREET ADDRESS (If rural, give location) <i>1980</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>JOHN</i>		b. (Middle) <i>EASON</i>		c. (Last) <i>SHACKLETT</i>	
4. DATE OF DEATH		(Month) <i>March</i>		(Day) <i>6</i>		(Year) <i>1953</i>	
5. SEX <i>M</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Oct. 19, 1864</i>	
9. AGE (in years last birthday) <i>88</i>		IF UNDER 1 YEAR Months <i>4</i> Days <i>17</i>		IF UNDER 24 HRS. Hours <i></i> Mins. <i></i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>		11. BIRTHPLACE (State or foreign country) <i>Missouri - Schuyler</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Samuel Shacklett</i>		13b. MOTHER'S MAIDEN NAME <i>Margaret Eason</i>		14. NAME OF HUSBAND OR WIFE <i>Josie Shacklett</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>No.</i>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <i>Josie Shacklett, 211 W. 1st St., Mo.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Degeneration</i>				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) <i>Arterio-sclerosis</i>					
		DUE TO (c) <i>Senility</i>					
		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				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)		4221	
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 <i>Feb 4</i> , 1953, to <i>Mar 2</i> , 1953, that I last saw the deceased alive on <i>Mar 2</i> , 1953, and that death occurred at <i>8 P.</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>R.E. Vaughn 2 D.O.</i>				23b. ADDRESS <i>Lancaster, Mo.</i>		23c. DATE SIGNED <i>3/9/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Mar 8, 53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Jefferson</i>		24d. LOCATION (City, town, or county) (State) <i>Schuyler MO</i>	
DATE REC'D BY LOCAL REG. <i>Mar. 8, 53</i>		REGISTRAR'S SIGNATURE <i>Wm. R. Drake</i>		25. FEDERAL DIRECTOR'S SIGNATURE <i>Norman Lancaster</i>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

980  
1

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 Albert C Genth

Licensed Embalmer No. 4257

P. O. Address Memphis 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.