

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13106

State File No.

FILED APR 6 1953

BIRTH NO. _____		REG. DIST. NO. <u>375</u>		PRIMARY REG. DIST. NO. <u>4551</u>		Registrar's No. <u>12</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>Wright</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Hartville Mo</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Wright</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. LENGTH OF STAY (in this place) <u>73 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hartville Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>1140</u>		
3. NAME OF DECEASED			4. DATE OF DEATH					
a. (First) <u>Albert</u>	b. (Middle) <u>T.</u>	c. (Last) <u>Shackelford</u>	Date (Month) (Day) (Year)	<u>March 22 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 3 1880</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Wash Shackelford</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Essie Shackelford</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NU</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Essie Shackelford</u> ADDRESS <u>Hartville Mo</u>				
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mitral Regurgitation</u>				<u>Oct. 1952</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, 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)						
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"/>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				<u>410X</u>		
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)		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>Mar 22, 1953</u> , to <u>Mar 22, 1953</u> , that I last saw the deceased alive on <u>Mar 22, 1953</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. R. Matt</u> (Degree or title) <u>re D.</u>				23b. ADDRESS <u>Hartville Mo.</u>		23c. DATE SIGNED <u>3-28-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-24-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Steele Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Hartville Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-3-53</u>		REGISTRAR'S SIGNATURE <u>E. B. Garnaway</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene E. Aldred</u> ADDRESS <u>Hartville Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

WRIGHT CO. HEALTH DEPT.
County File Number 483-51
Date Filed 4-4-53

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

Glen D. Williams

Licensed Embalmer No. 4651

P. O. Address Hartsville 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.