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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18739

State File No. ....

LED MAY 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELDON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELDON</u>	
c. LENGTH OF STAY (in this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>406-E-2nd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>406-E-2nd</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u> b. (Middle) <u>MASON-Shackelford</u> c. (Last) <u>MILLER-Shackelford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY-14 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>14 July 1890</u>		9. AGE (In years last birthday) <u>62</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen-FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>Miller-Co-Mo</u>	

12a. FATHER'S NAME <u>John-Shackelford</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN-Russell</u>		14. NAME OF <del>husband</del> OR WIFE <u>Susan-Shackelford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Susan-Shackelford - ELDON, Mo</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs.</u>	
		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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>	
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22. I hereby certify that I attended the deceased from 5/12, 1953, to 5/14, 1953, that I last saw the deceased alive on: 5/14, 1953, and that death occurred at 12:02 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John E. Murrell, D.O.</u> (Degree or title)		23b. ADDRESS <u>ELDON - Mo</u>		23c. DATE SIGNED <u>15 May 53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>16 MAY 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>		24d. LOCATION (City, town, or county) (State) <u>MILLER-Co-Mo</u>	
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DATE REC'D BY LOCAL REG. <u>May 15 '53</u>		REGISTRAR'S SIGNATURE <u>Adelberta Wack</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Keith Mays ELDON Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 20 1953  
WILLER COUNTY HEALTH  
DEPARTMENT

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 *Scott M. Kay*  
Licensed Embalmer No. *3998*  
P. O. Address *Eldon 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.