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# STANDARD CERTIFICATE OF DEATH

20795

FILED JUN 22 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 661

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Buchanan</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>  |  |
| c. LENGTH OF STAY (In this place) <u>2 years</u>   |  | d. STREET ADDRESS (If rural, give location) <u>600 N. 8th St.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Idle Hour Nursing Home</u>                          |  |   |  |

|  |                               |   |   |  |   |
|--|-------------------------------|---|---|--|---|
| 3. NAME OF DECEASED<br>(Type or Print) <u>Amelia Shackelford</u>   |                               |   | 4. DATE OF DEATH<br>(Month) (Day) (Year) <u>June 12 1953</u>                        |  |   |
| 5. SEX <u>female</u>   | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>December 3, 1865</u>  |  | 9. AGE (In years last birthday) <u>87</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>                     | 11. BIRTHPLACE (City and State or Foreign Country) <u>Atchison County, Missouri</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Joseph Harding</u>                                    |  | 13b. MOTHER'S MAIDEN NAME <u>Sarah Sharp</u>                              |  | 14. NAME OF HUSBAND OR WIFE <u>Henry</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> |  | 16. SOCIAL SECURITY (If yes, give war or dates of service) <u>unknown</u> |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Jesse Shackelford, 600 N. 8th St. St. Joseph</u> |  |

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Semiprobity</u>                                  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.               |  |  |   |
|   |  | DUE TO (b) _____  |  |  |   |
|   |  | DUE TO (c) <u>Chronic Poisoning</u>   |  |  | <u>3 wks</u>                                  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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) |   |  |
| 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?                      |   |  |

22. I hereby certify that I attended the deceased from Sept 1931, to 6/12, 1953, that I last saw the deceased alive on 6/12, 1953, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 23a. SIGNATURE <u>E. H. Shackelford</u> (Degree or title) <u>RD</u> |  | 23b. ADDRESS <u>801 1/2 Frank St. St. Joseph</u>                       |  | 23c. DATE SIGNED <u>6/12/53</u>                           |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>             |  | 24b. DATE <u>6/14/1953</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mirman Cemetery</u> |  |
|   |  | 24d. LOCATION (City, town, or county) (State) <u>Bethany, Missouri</u> |  |   |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>June 16, 1953</u> |  | REGISTRAR'S SIGNATURE <u>Rosette M. Allison</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hector Bowman</u> ADDRESS <u>Tuneful Home</u> |  |
|---|--|---|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo

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

**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 *W. E. Johnston*

Licensed Embalmer No. 4791

P. O. Address 319 So 10 St. J. La.

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.