

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3915

State File No.

No. 300
10-48

FILED MAR 1 1954

BIRTH NO.		REG. DIST. NO. <u>11</u>	PRIMARY REG. DIST. NO. <u>5040</u>	Registrar's No. <u>18</u>
1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wayne</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wayne</u>		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>00-50</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bert</u>		b. (Middle) <u>A. Shockley</u>		c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <u>2-22-1954</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>12-29-1893</u>
9. AGE (in years last birthday) <u>60</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Abraham Shockley</u>		
13b. MOTHER'S MAIDEN NAME <u>Sarah Stites</u>		14. NAME OF HUSBAND OR WIFE <u>Maud Lee Shockley</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Maud Shockley-Wayne</u> ADDRESS <u>Missouri</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>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>		
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) <u>Wayne</u> (COUNTY) <u>Barry</u> (STATE) <u>Missouri</u>
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? <u>4201</u>
22. I hereby certify that I attended the deceased from <u>on Feb 22 1954</u> , to <u>19</u> , that I last saw the deceased <u>at</u> <u>on Feb 22 1954</u> , and that death occurred at <u>9 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Paul D. Henbest</u>		23b. ADDRESS <u>Coronville, Missouri</u>		23c. DATE SIGNED <u>2-26-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-25-1954</u>		24c. NAME OF CEMETERY OR CRÉMATORY <u>Maplewood Cemetery</u>
24d. LOCATION (City, town, or county) <u>Exeter, Missouri</u>		24e. (State)		
DATE REC'D BY LOCAL REG. <u>2-26-1954</u>		REGISTRAR'S SIGNATURE <u>Jesse Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul D. Henbest</u> ADDRESS <u>Coronville Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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 Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.