

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7822**

FILED **MAR 29 1954**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **309**

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.		c. LENGTH OF STAY (in this place) 4 Months	c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 600 N. 7th Street			e. STREET ADDRESS (If rural, give location) 600 N. 7th Street 0117		
3. NAME OF DECEASED (Type or Print) a. (First) Leo b. (Middle) Morton c. (Last) Shackelford			4. DATE OF DEATH (Month) (Day) (Year) 3-17-54		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH 7-14-1890	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Boeing Aircraft	11. BIRTHPLACE (City and State or Foreign Country) Eagleville, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James H. Shackelford		13b. MOTHER'S MAIDEN NAME Amelia Harding		14. NAME OF HUSBAND OR WIFE Margaret Clare Shackel-	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 1-88-14-2024	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lenore R. Nalle, Pattonsburg, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarction DUE TO (c) Branchial Cyst II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis 10 years				INTERVAL BETWEEN ONSET AND DEATH 2 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 241X				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 1, 1913 , to 3/17, 1954 , that I last saw the deceased alive on Mar 17, 1954 , and that death occurred at 10:00Pm. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) E. H. Shackelford, M.D.			23b. ADDRESS 801 1/2 Francis Street, Mo.		23c. DATE SIGNED 3/19/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-19-54	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Pattonsburg, Mo.		
DATE REC'D BY LOCAL REG. Mar 22, 1954	REGISTRAR'S SIGNATURE Lothar M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pattonsburg, Mo.		

(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.....
Signature of Student Embalmer

Signed *Louise Zuercher*

Licensed Embalmer No. *42*

P. O. Address *Paterson*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.