

No. 300  
10.48  
FILED APR 22 1954THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11356

State File No. 244

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 244		
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carter				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. LENGTH OF STAY (in this place) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Kelly Twp. 2180				
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff				d. STREET ADDRESS (If rural, give location) RT. 1, Van Buren, Mo.				
3. NAME OF DECEASED (Type or Print) a. (First) LULU		b. (Middle) ETHEL		c. (Last) SHOCKLEY		4. DATE OF DEATH (Month) (Day) (Year) April 5, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-2-1899		9. AGE (in years last birthday) 54	IF UNDER 1 YEAR 4	IF UNDER 18 Hrs. 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Carter County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Range Ronney			13b. MOTHER'S MAIDEN NAME Ida Mae Parkhill		14. NAME OF HUSBAND OR WIFE Robert Shockley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Shockley, Van Buren, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension					INTERVAL BETWEEN ONSET AND DEATH 4-1-54	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 4/9/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-7-54	24c. NAME OF CEMETERY OR CREMATORY Bristol Cemetery		24d. LOCATION (City, town, or county) (State) Carter County, Mo.			
DATE REC'D BY LOCAL REG 4/13/54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Coleman McSpadden, Van Buren, Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 19 1954

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

OCT 27 1954

MAY 12 1954

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*Allen C. McFadden*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4549

P. O. Address Chickasha, 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.