

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14775

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>147</u>
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>ADAIR</u>		
b. CITY OR TOWN <u>KIRKSVILLE</u>		c. LENGTH OF STAY (in this place) <u>4 MONTHS</u>	c. CITY OR TOWN <u>RURAL-SALT RIVER</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COMMUNITY NURSING HOME #1</u>		e. STREET ADDRESS (If rural, give location) <u>1 1/2 MI W BRASHEAR</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>		b. (Middle) <u>S.</u>	c. (Last) <u>SHACKLETON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 31 1954</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 29 1865</u>	9. AGE (In years last birthday) <u>88</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 (City and State or Foreign Country) <u>CHARLOTTE ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>WILLIAM SHACKLETON</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH (UNKNOWN)</u>	14. NAME OF HUSBAND OR WIFE <u>NANCY GOLDSBY SHACKLETON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FLORA KITTLE</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>Medullary Arteria</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Coronary Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>		INTERVAL BETWEEN ONSET AND 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) (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 <u>2-20</u> , 19 <u>54</u> to <u>5-31</u> , 19 <u>54</u> that I last saw the deceased alive on <u>5-31</u> , 19 <u>54</u> , and that death occurred at <u>9:00</u> p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>David W. Boone</u>		23b. ADDRESS <u>no. 9 Kirksville, Mo.</u>	23c. DATE SIGNED <u>6-1-54</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>DURIAL</u>	24b. DATE <u>6-2-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>COFFEY</u>	24d. LOCATION (City, town, or county) (State) <u>5MI-W-DOWNING MO</u>	
DATE REC'D BY LOCAL REG. <u>6-1-54</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Hensley Jr.</u>	ADDRESS <u>Hurdland Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *Geo B. Casley Jr*.....

Licensed Embalmer No. *375*.....

P. O. Address *Hurdla*.....

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.