

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4228

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glasgow
c. LENGTH OF STAY (in this place) 2 1/2
d. FULL NAME OF HOSPITAL OR INSTITUTION Home on Communist St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Howard
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glasgow
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) June b. (Middle) GANNON c. (Last) Shackelford
4. DATE OF DEATH (Month) (Day) (Year) Sept. 20 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH May 11, 1895 9. AGE (In years if under 1 year last birthday) Months Days Hours Min. 59

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Merchant 10b. KIND OF BUSINESS OR INDUSTRY Coal Ice Business 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edward Gannon 13b. MOTHER'S MAIDEN NAME Irene Williams 14. NAME OF HUSBAND OR WIFE John C. Shackelford (dec.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. Not available 17. INFORMANT'S SIGNATURE OR NAME Ms. Sydney Shackelford ADDRESS Glasgow Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 3 days
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Hypertensive myocarditis

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 4/201 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from 9-2, 1954, to 9-20, 1954, that I last saw the deceased alive on 9-19, 1954, and that death occurred at 4:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____ 23b. ADDRESS Glasgow Mo 23c. DATE SIGNED 9-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept. 22, 1954 24c. NAME OF CEMETERY OR CREMATORY Washington 24d. LOCATION (City, town, or county) (State) Glasgow Mo.

DATE REC'D BY LOCAL REG. Sept. 27, 1954 REGISTRAR'S SIGNATURE Walker Audsley 410 25. FUNERAL DIRECTOR'S SIGNATURE Audsley ADDRESS Fremont Glasgow, Mo.

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

NOV 22 1950

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

E. B. Fremont

Signed
Student Embalmer

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.