

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **1859**

FILED JAN 24 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **5821** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>R.F.D.#1 Matthews, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>R.F.D.#1 Matthews, Mo</b> <b>0720</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Luke</b>	b. (Middle)	c. (Last) <b>Shanks</b>	(Month) <b>1</b>	(Day) <b>8</b>	(Year) <b>1955</b>
5. SEX <b>M</b> <b>0</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>11/26/77</b>	9. AGE (In years last birthday) <b>77</b>	# UNDER 1 YEAR Months <b>1</b> Days <b>12</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b> <b>0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Moses Shanks</b>		13b. MOTHER'S MAIDEN NAME <b>Mariah Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>AA</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> <b>None</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr Welton Shanks</b>		ADDRESS <b>R.F.D.#1, Matthews</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>					
		DUE TO (c)					
		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 <b>331X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **1-7, 1955**, to **1-7, 1955**, that I last saw the deceased alive on **1-7, 1955**, and that death occurred at **1:50 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thomas C. McClure</b>		23b. ADDRESS <b>Sikeston, Missouri</b>		23c. DATE SIGNED <b>1-14-55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/10/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Matthews Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Matthews, Mo</b>	
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DATE REC'D BY LOCAL REG. <b>20 Jan 55</b>		REGISTRAR'S SIGNATURE <b>Jimmy S. Adair, M.D.</b> <b>5-12-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albritton Funeral Home</b>		ADDRESS <b>Sikeston, Mo</b>	
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(Licensed Embalmers' Statement on Reverse Side)

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

0720 /

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

*John Allerton*

Licensed Embalmer No. 2941

P. O. Address St. Ives

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.