

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11298**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4093** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY CASS 0190	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EAST LYNNE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EAST LYNNE	
c. LENGTH OF STAY (in this place) 10 years		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) MARTIN b. (Middle) c. (Last) SHOCKLEY			4. DATE OF DEATH (Month) (Day) (Year) April 17 1955		
5. SEX M. O		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JAN. 23 1875		9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR Months 2 Days 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Marion Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Benton Shockley		13b. MOTHER'S MAIDEN NAME Winnie Hogue	
14. NAME OF HUSBAND OR WIFE Zerilda 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 Mrs Mary Consover		17. ADDRESS pleasant hill			

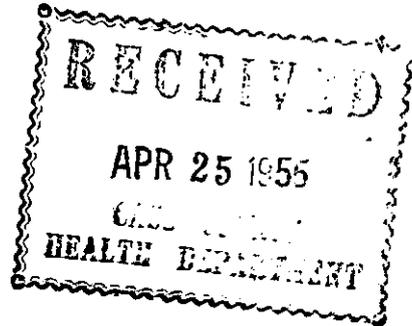
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH sudden	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis DUE TO (c) renal change					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Found dead in field					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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.) EAST LYNNE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) CASS MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Fernand Jander (Cowan) 3		23b. ADDRESS Pleasant Hill, Mo		23c. DATE SIGNED 4/17/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 20 1955		24c. NAME OF CEMETERY OR CREMATORY Strasburg Cem	
24d. LOCATION (City, town, or county) (State) Strasburg, Cass, Mo.		DATE REC'D BY LOCAL REG. April 20 1955		REGISTRAR'S SIGNATURE Nora Barwood	
FUNERAL DIRECTOR'S SIGNATURE A. O. Hartzler		ADDRESS East Lynne, Mo.			

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
Student Embalmer

Signed _____

A. D. Datzler

Licensed Embalmer No. 2717

P. O. Address East Lyme, M

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.