

FILED APR 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **9993**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **257** PRIMARY REG. DIST. NO. **5881** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY <b>OSAGE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>OSAGE</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>RURAL (JEFFERSON TWN)</b>	c. LENGTH OF STAY (in this place) <b>27 yrs</b>	c. CITY OR TOWN <b>RURAL</b>	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 <b>family home</b>		STREET ADDRESS (If rural, give location) <b>0760</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>ALBERT</b>	b. (Middle) <b>ROSS</b>	c. (Last) <b>SHOCKLEY</b>	(Month) <b>MARCH</b>	(Day) <b>24</b>	(Year) <b>1956</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>Dec 17 1867</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>THOMAS SHOCKLEY</b>	13b. MOTHER'S MAIDEN NAME <b>CAROLINA DURBIN</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Josephine Thompson, Belle, Mo.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis, generalized</b>		<b>6 mos.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of prostate</b> DUE TO (c) <b>177x</b>		<b>6 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Generalized arteriosclerosis</b>	<b>20 yrs.</b>

19a. DATE OF OPERATION <b>Aug 1955</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of prostate with bladder involvement</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 **July 24, 1955**, to **Mar. 24, 1956**, that I last saw the deceased alive on **Mar 22, 1956**, and that death occurred at **5:15 PM**, from the causes and on the date stated above.

23a. SIGNATURE <b>F. L. Fozal, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Belle, Mo.</b>	23c. DATE SIGNED <b>Mar. 27, 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar 27-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Grider Catholic Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Garco, County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Mar 29 - 1956</b>	REGISTRAR'S SIGNATURE <b>T. A. ...</b>	SPECIAL DIRECTOR'S SIGNATURE <b>...</b>	ADDRESS <b>Belle, Mo.</b>
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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 .....  
Signature of Student Embalmer

Signed *Cherita L. ...* .....  
Licensed Embalmer No. 412

P. O. Address *Bland* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.