

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12618

State File No.

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5212 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>CARTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CARTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - Kelley Twp</u>	c. LENGTH OF STAY (in this place) <u>47 yrs</u>	c. CITY OR TOWN <u>Van Buren</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>Rt. 1, Van Buren Mo</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Shockley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1956</u>
--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 17, 1862</u>	9. AGE (In years last birthday) <u>94</u> If under 1 year: Months <u>7</u> Days <u>18</u> If under 24 hrs: Hours <u></u> Mins. <u></u>
-----------------------	----------------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pulaski County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	---

13a. FATHER'S NAME <u>Hiram Shockley</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Ousley</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah E Shockley</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nancy Bristol</u>	ADDRESS <u>Van Buren Mo</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		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>		DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) _____
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
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	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) <u>4222</u>
--	--	--

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 Death Ann. Arrival, 1956, that I last saw the deceased alive on 5-8-56, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (In free or title) <u>Calman W. Henson</u>	23b. ADDRESS <u>Van Buren, Mo</u>	23c. DATE SIGNED <u>5-5-56</u>
--	--------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-8-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eastwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carter County, Mo</u>
--	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>May 9-1956</u>	REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Calman W. Henson</u>	ADDRESS <u>Van Buren, Mo</u>
---	---	---	---------------------------------

WRITE PLAINLY—USING UNFAADING 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.....

Licensed Embalmer No. 45-4

P. O. Address *New Base*

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.