

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE Missouri - b. COUNTY Johnson	
b. CITY OR TOWN Warrensburg	c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Warrensburg	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center		e. STREET ADDRESS (If rural, give location) RFD 1 A 0510	

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) H.	c. (Last) Shackelford	4. DATE OF DEATH (Month) (Day) (Year) May. 11 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Single	8. DATE OF BIRTH Mar. 18 1866	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Hours 23
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (City and State or Foreign Country) Johnson Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James M. Shackelford	13b. MOTHER'S MAIDEN NAME Ellen Markham	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME E.D. Shackelford	ADDRESS RFD 1-A
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (Flu) Bronchopneumonia		
	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. Malnutrition and Senility			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 480K	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)
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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?
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22. I hereby certify that I attended the deceased from 4-20, 1956, to 5-11, 1956, that I last saw the deceased alive on 5-11, 1956, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE R. Lee Cooper M.D.	23b. ADDRESS Warrensburg Mo.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-12-56	24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetary	24d. LOCATION (City, town, or county) (State) Warrensburg Mo.
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DATE REC'D BY LOCAL REG May 12, 1956	REGISTRAR'S SIGNATURE Savannah Crutcher	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips	ADDRESS Warrensburg Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
MAY 14 1915  
JOHNSON COUNTY HEALTH DEPT

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 *John P. Rodgers*  
Licensed Embalmer No. *496*  
*Warrensburg, Mo*  
P. O. Address .....

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.