

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 5 1956 STANDARD CERTIFICATE OF DEATH

State File No. **20707**
Registrar's No. **2705**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH. a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 60 yrs.		e. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5000 Walrond Avenue		STREET ADDRESS (If rural, give location) 5000 Walrond Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) ANNA	b. (Middle) M.	c. (Last) SHACKELFORD	4. DATE OF DEATH (Month) (Day) (Year) June 18, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 23, 1879.	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and State or Foreign Country) Cincinnati, Ohio.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Lamphier	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Vincent G. Shackelford
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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) No	16. SOCIAL SECURITY NO. 493-12-5109 D	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Roland R. Shackelford, Blue Springs, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Sepsis - Infectious Haemolyze		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs. 3 + 1/2 Mo 10 + 1/2 hr. 443X
	ANTECEDENT CAUSES (b) Uremia.		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. (c) Hypertensive Cardio - Vas Dis.		
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 None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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 **April 21, 1956**, to **June 18, 1956**, that I last saw the deceased alive on **June 9, 1956**, and that death occurred at **5:10 pm.**, from the causes and on the date stated above.

23a. SIGNATURE R. J. Boody, MD (Degree or title)	23b. ADDRESS 217 Rega Pine Bldg KC	23c. DATE SIGNED 6/19/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-21-56	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri.
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DATE REC'D BY LOCAL REG. 6-20-56	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Freeman Mortuary, Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Robt. J. Boody

PL 1720 / 11M E
JE. 1-1700

R. 217

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 *Clayton K Barnes*

Licensed Embalmer No. 479
P. O. Address K. E.,

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.