

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

State File No. **26192**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5143** Registrar's No. **452**

1. PLACE OF DEATH a. COUNTY <b>B utler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) b. STATE <b>Mo.</b> c. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff, Mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route #3, Poplar Bluff, Mo.</b>		e. STREET ADDRESS (If rural, give location) <b>1315 North Seventh St. 2201</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Archie</b>	b. (Middle) <b>Walter</b>	c. (Last) <b>Shackelford</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 21, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Sept. 9, 1933</b>	9. AGE (In years last birthday) <b>22</b>	IF UNDER 1 YEAR Months <b>22</b> Days	IF UNDER 24 HRS. Hours <b>22</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Printer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Quilin, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Walter Shackelford</b>	13b. MOTHER'S MAIDEN NAME <b>Maggie Reeves</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>4 96345032</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Maggie Shackelford</b>	ADDRESS <b>Poplar Bluff</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 Days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho Pneumonia, Acute left</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:00P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Grover W. Wheel Crowne</b>	23b. ADDRESS <b>422 Vine, Poplar Bluff, Mo.</b>	23c. DATE SIGNED <b>8/30/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-27-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9/1/56</b>	REGISTRAR'S SIGNATURE <b>PH Muetter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank-Cotrell</b>	ADDRESS <b>Poplar Bluff, Mo.</b>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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**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 *Frank M. Hill*.....

Licensed Embalmer No. *500*.....

P. O. Address *Poplar Bluff*.....

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