

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42228**

FILED JAN 2 1957

BIRTH NO. _____ REG. DIST. NO. **233** PRIMARY REG. DIST. NO. **4348** Registrar's No. **23**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville		c. CITY OR TOWN Wellsville d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (In this place) 9 months		No. STREET ADDRESS (If rural, give location) Upper Loure, 3 mi Wellsvill	

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH	b. (Middle) DONATUS	c. (Last) SHOCKLEE	4. DATE OF DEATH (Month) Dec. (Day) 24 (Year) 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept 23 1876	9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 3 Days 1 IF UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, stop if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Montgomery County Mo	12. CITIZEN OF WHAT COUNTRY? U. S. - A.
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13a. FATHER'S NAME James R. Shocklee	13b. MOTHER'S MAIDEN NAME Mary Ann Worland	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mr Sam Blackshaw ADDRESS Wellsville 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	4:20	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)	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 **Dec 1956**, to **to be ill 1956**, that I last saw the deceased alive on **Dec 24, 1956**, and that death occurred at **10 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Willie H. Walker	23b. ADDRESS Wellsville Mo.	23c. DATE SIGNED 12-26-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/26/56	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	24d. LOCATION (City, town, or county) (State) Wellsville Missouri
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DATE REC'D BY LOCAL REG. 12-26-56	REGISTRAR'S SIGNATURE Beatrice Romano	25. FUNERAL DIRECTOR'S SIGNATURE A B Kelly ADDRESS Wellsville Mo
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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 *A B Kelle* _____

Licensed Embalmer No. *158*
P. O. Address *Keller*

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.