

FILED APR 15 1957

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

11522

 Registration District No. 317 Primary Registration District No. 546 Registrar's No. 840

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Overland</u> <u>425th</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Cuba</u> <u>0280</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10478 Eaglewood</u>				Length of stay in lb <u>1 Week</u>		d. STREET ADDRESS (If outside, give location) <u>Local</u>		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>A</u> Last <u>Shockley</u>			4. DATE OF DEATH Month <u>March</u> Day <u>29</u> Year <u>1957</u>										
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>11/29/1873</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Woolen, Missouri</u> <u>0</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				
13. FATHER'S NAME <u>John N. Tackatt</u>						14. MOTHER'S MAIDEN NAME <u>Malinda Ellis</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> <u>Noone</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Earnest Shockley</u> , <u>10478 Eaglewood Overland, Missouri</u>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertensive pneumonia</u> DUE TO (b) <u>Myocardial infarct</u> DUE TO (c) <u>Chronic bronchitis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4500</u>										INTERVAL BETWEEN ONSET AND DEATH <u>2d</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY - Hour <u>10</u> Month <u>3</u> Day <u>28</u> Year <u>1957</u> a. m. <u>0</u> p. m. <u>0</u>													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE		
21. I attended the deceased from <u>8-22-1957</u> to <u>3-28-57</u> and last saw her <u>alive</u> on <u>3-28-57</u> Death occurred at <u>7:10 A. M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Leed A. Post, D. O.</u>						22b. ADDRESS <u>2335 Brown, Rd, St. Louis 14, Mo.</u>			22c. DATE SIGNED <u>3/29/57</u>				
23a. BURIAL, CREMATION, REMOVAL <u>Burial</u>		23b. DATE <u>April 1, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Kinder Cemetery, Cuba, Mo.</u>			23d. LOCATION (City, town, or county) (State) <u>Cuba Mo.</u>						
24. FUNERAL DIRECTOR <u>Paul J. ...</u>				ADDRESS <u>...</u>		25. DATE RECD. BY LOCAL REG. <u>3/29/57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert B. ...</u>					

(Licensed Embalmer's Statement on Reverse Side)

Health,  
Welfare  
Public  
Service300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

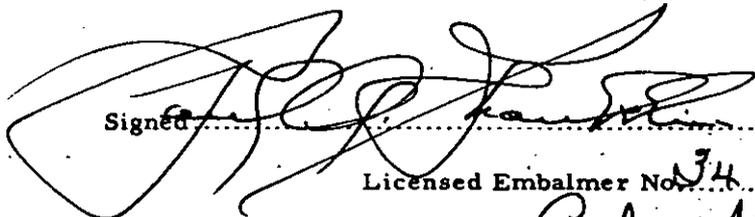
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 15 1957

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. 347

P. O. Address Cuba, Mo.

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.