

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44102  
STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1215

v. S. 300  
ev. 1-57  
No symptoms will be listed.  
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

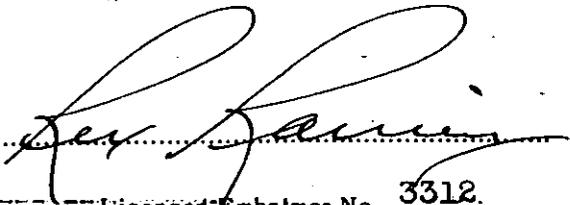
1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b> <u>0396</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2140 Roosevelt</b>		d. STREET ADDRESS (If outside, give location) <b>2140 Roosevelt</b>	
Length of stay in lb <b>14 yrs.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>Lee</b> Last <b>Shockley</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>19</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb 10, 1906</b>
9. AGE (In years last birthday) <b>51</b>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Flagman</b>	11. BIRTHPLACE (City and state or country) <b>Conway, Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Flagman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Clinton Shockley</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Alexander</b>	14. NAME OF HUSBAND OR WIFE <b>Maxine Shockley</b>
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>491-03-5963</b>	
		17. INFORMANT Address <b>Mrs. Maxine Shockley-Springfield, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Probably Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>History of heart trouble and heart attacks dating back 5-6 yrs.</b> DUE TO (c) <b>heart attacks dating back 5-6 yrs.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Likely sudden!</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Give nature of injury in PART I or PART II of item 18.) <b>UNATTENDED BY A PHYSICIAN</b>	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 _____ to _____ and last saw her alive on _____ Death occurred at <b>3:00</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>James P. Ames M.D.</b>			22c. DATE SIGNED <b>12-23-57</b>
22b. HEALTH OFFICE ADDRESS <b>Greene Health Department Greene County Court House</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>Burial</b>	<b>12-24-57</b>	<b>White Chapel</b>	<b>Springfield, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>James P. Ames Springfield, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-25-57</b>	26. REGISTRAR'S SIGNATURE <b>Walter Williamson</b>

JAN 28 1958  
JAN 2 1958

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. 3312

P. O. Address Springfield, 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.