Health, Welfare Public Service

4002 3

300 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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 12 1958

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

58-016720
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1193

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis County — Length of stay in 1b Hosp. D.O.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY St. Louis
c. CITY OR TOWN St. Ann, 4071 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 10120 St. Katherine — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First John Middle W. Last Shocklee
4. DATE OF DEATH Month April Day 30 Year 1958
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb. 14, 1893
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Public Service
10b. KIND OF BUSINESS OR INDUSTRY Mechanic
11. BIRTHPLACE (City and state or country) Wellsville Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James W. Shocklee
14. MOTHER'S MAIDEN NAME Elizabeth Hughes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 488 05 5822
17. INFORMANT Marie I. Shocklee Address 10120 St. Katherin

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of head — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) E919.3
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 43
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Gunshot wounds accidentally inflicted while cleaning his rifle and while at a nursery where he has been employed on a part time basis
20c. TIME OF INJURY 1:30 Hour ~~XXX~~ p.m. Month, Day, Year 4/30/58
20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) landscape nursery
20f. CITY, TOWN, OR LOCATION Rural COUNTY St. Louis 400 STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Raymond [signature] Coroner 3
22b. ADDRESS Clayton, Mo.
22c. DATE SIGNED 5/2/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 3, 1958
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) St. Louis (State) Mo.

24. FUNERAL DIRECTOR Collier Mortuary, ADDRESS St. Ann, Mo.
25. DATE RECD. BY LOCAL REG. 5-1-58
26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER 7

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Sheldon Collie

Licensed Embalmer No. 33

P. O. Address St. Ann

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