

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035525

FILED VS OCT 22 1959

STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 91

ENDED

1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Excelsior Springs</u>		Length of stay in 1b		c. CITY OR TOWN <u>Lathrop</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Lathrop</u>	
3. NAME OF DECEASED (Type or print) First <u>Loren</u> Middle <u>C.</u> Last <u>Shackelford</u>		4. DATE OF DEATH Month <u>September</u> Day <u>20</u> Year <u>1959</u>		5. SEX <u>Male</u>		6. COLOR OF RACE <u>White</u>	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>11/11/23</u>		9. AGE (last birthday) <u>36</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>23</u>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Larabee Mills</u>		11. BIRTHPLACE (City and state or country) <u>Paradise, Missouri</u>		12. CITIZEN OR WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William J. Shackelford</u>		13b. MOTHER'S MAIDEN NAME <u>Beulah Hesel</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or states of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>493-18-5601</u>		17. INFORMANT <u>Mr. William Shackelford - Lathrop</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>Head injuries</u> DUE TO (b) <u>One Car accident</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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 _____ a.m. _____ p.m.		Month _____ Day _____ Year _____					
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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>D. J. Cronk</u> (Degree, title)				22b. ADDRESS <u>North Kansas City, Mo.</u>		22c. DATE SIGNED <u>9/24/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-22-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lathrop Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lathrop Missouri</u>	
24. FUNERAL DIRECTOR <u>De Moss Cronk Cameron, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>10/8/59</u>		26. REGISTRAR'S SIGNATURE <u>Barline Hutchings</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SA 130 22 OCT 1959

[Faint circular stamp]

[Handwritten signature]

[Handwritten signature]

[Handwritten signature]

[Handwritten signature]

[Handwritten signature]

JAN 7 1960

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

JAN 19 1960

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

[Handwritten signature: Orel Roberson]

Licensed Embalmer No. 4232

P. O. Address Lathrop

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.