

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042502

FILED VS. NOV 19 1959

210152

STATE FILE NUMBER

RECEIVED

Registration District No. Primary Registration District No. Registrar's No.

11/20/59
Hazel Shackelford
Edward Shackelford
Hazel Shackelford
Edward Shackelford
BY AFFIDAVIT OF Funeral Director.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>30 Yrs</u>		c. CITY OR TOWN <u>St. Louis</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>Firmin Desloge</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>1853 S. 14th</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Hazel</u> Middle <u>Shackelford</u> Last <u>Schackelford</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>4</u> Year <u>1959</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 type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/9/12</u>	9. AGE (last birthday) <u>47</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Century Electric Leadwood, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>William Hedgecorth</u>		13b. MOTHER'S MAIDEN NAME <u>Effie Seburn</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Shackelford</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>		16. SOCIAL SECURITY NO. <u>492 07 4831</u>	17. INFORMANT <u>Shackelford</u> Address <u>Edward Shackelford, 1853 S. 14th</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>Cerebral lung E (post cell) 6/14</u> DUE TO (b) <u>infestation to medulla</u> DUE TO (c) <u>heart - preliminary Rin & Amal</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>163x</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
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. (Enter nature of injury in PART I or PART II of item 18.) <u>163x</u>				
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 <u>Leadwood, Missouri</u>		STATE	
21. I attended the deceased from <u>11-1-59</u> to <u>11-4-59</u> and last saw her/him alive on <u>11-4-59</u> Death occurred at <u>morning 11-4-59</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>8-15-59</u>			22b. ADDRESS <u>63 4th Street</u>		22c. DATE SIGNED <u>NOV 5 1959</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>11-5-59</u>	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)- <u>Leadwood, Missouri</u>			
24. FUNERAL DIRECTOR <u>McLaughlin, 2301 Lafayette, (4)</u>			25. DATE RECD. BY LOCAL REG. <u>NOV 5 1959</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith, M.D.</u>			

Dr. José L. Lucido

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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.