URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS FEB 25 1960

[redacted]

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1879 STATE FILE NUMBER 60-008867

ENDED

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 47yrs	c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Res 4515 Maryland — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): 4515 Maryland — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: BENJAMIN	Middle: GLIME	Last: SHACKELFORD	4. DATE OF DEATH Month Day Year: Feb. 17, 1960		
5. SEX: M	6. COLOR OR RACE: W	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: Feb. 4/1862	9. AGE (last birthday): 98yrs	IF UNDER 1 YEAR: Months, Days, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Asst Supt of	10b. KIND OF BUSINESS OR INDUSTRY: St. Louis Schools	11. BIRTHPLACE (City and state or country): Chariton Co., Mo.	12. CITIZEN OF WHAT COUNTRY: USA		
13a. FATHER'S NAME: ——— Shackelford	13b. MOTHER'S MAIDEN NAME: Unknown	14. NAME OF HUSBAND OR WIFE: Maude Lee Harvey Shackelford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Dr. Horace H. Shackelford, Address: 7455 Stanford			

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): Infirmities of age — INTERVAL BETWEEN ONSET AND DEATH: years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): _____

DUE TO (c): 794+

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 July 1 - 1918 to Feb 16-60 and last saw ~~her~~ him alive on Feb. 16 - 1960

Death occurred at 2:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H H Shackelford (Degree or title) M.D — 22b. ADDRESS: 3903 Olive — 22c. DATE SIGNED: 2/17/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 23b. DATE: 2/19/1960 — 23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Mausoleum — 23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS: Alexander & Sons 6175 Delmar Blvd. — 25. DATE RECD. BY LOCAL REG.: FEB 17 1960 — 26. REGISTRAR'S SIGNATURE: Earl Smith. M.D. MPB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jos. E McCullok

Licensed Embalmer No. 246

P. O. Address 6176 Pl

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