

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019164

FILED VS. JUN 6 1960

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 154

1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Length of stay in 1b <u>45 min</u>		E. CITY OR TOWN <u>Hoeden RFD 2</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton Gen. Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3 miles north of Magnolia</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>RALPH</u> Middle <u>I</u> Last <u>SHOCKLEY</u>				4. DATE OF DEATH Month <u>May</u> Day <u>27</u> Year <u>1960</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5-28-1921</u>	9. AGE (last birthday) <u>38</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>29</u>	IF UNDER 24 HR Hours <u>-</u> Min. <u>-</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Employee</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Henry County MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Alasco Shockley</u>			13b. MOTHER'S MAIDEN NAME <u>Bessie Swaste</u>			14. NAME OF HUSBAND OR WIFE <u>Jewell Shockley</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>497-34-3771</u>		17. INFORMANT <u>Alasco Shockley</u>			Address <u>Clinton MO</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>FRACTURED SKULL</u>							INTERVAL BETWEEN ONSET AND DEATH <u>45 MIN.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
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.) <u>AUTO ACCIDENT HIWAY 13 N. of CLINTON, MO.</u>							
20c. TIME OF INJURY Hour <u>8:30</u> p.m. Month, Day, Year <u>MAY 27, 1960</u>		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>Clinton</u>		COUNTY <u>MO</u>	
21. I attended the deceased from <u>MAY 27, 1960</u> to <u>MAY 27, 1960</u> and last saw ^{her} him alive on <u>MAY 27, 1960</u> Death occurred at <u>9:20 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD</u>				22b. ADDRESS <u>Clinton, MO.</u>				22c. DATE SIGNED <u>28 MAY, 1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		23b. DATE <u>5/31/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oaks</u>		23d. LOCATION (City, town, or county) (State) <u>Wenden MO</u>				
24. FUNERAL DIRECTOR <u>F. L. SCHABERG</u>			ADDRESS <u>CLINTON, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>May 31, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 23 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed F L Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton

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