MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 3 1 1961

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 25 -61-000703 STATE FILE NUMBER

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City — Length of stay in 1b: 1 week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Marys' Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri, b. COUNTY: Osage
c. CITY OR TOWN: Linn — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R F D — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: James Middle: Pennis Last: Shockley
4. DATE OF DEATH: Month: January Day: 27 Year: 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/26/1884
9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months 10 Days 1 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (City and state or country): Linn, Mo.
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: John R. Shockley
13b. MOTHER'S MAIDEN NAME: Zilla Clark
14. NAME OF HUSBAND OR WIFE: Mary Evelyn Lambeth
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.:
17. INFORMANT: Mrs. Cecil Laughlin Address: Linn, Mo.

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): Arteriosclerotic Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs
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. ☐ 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 Jan. 26, 1961, to Jan 27, 1961 and last saw her/him alive on Jan 26, 1961
Death occurred at 1.10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. B. Klebba M D
22b. ADDRESS: Jefferson City Mo
22c. DATE SIGNED: 1-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/29/61
23c. NAME OF CEMETERY OR CREMATORY: Linn Memorial Park
23d. LOCATION (City, town, or county) (State): Linn Osage Co Mo.

24. FUNERAL DIRECTOR ADDRESS: Morton Funeral Service . Linn, Mo.
25. DATE RECD. BY LOCAL REG.: 28 January 1961
26. REGISTRAR'S SIGNATURE: R.P. Dorris Mo - M Richter, Dep.

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1961

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn, Mo

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.