

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012321
STATE FILE NUMBERRegistration District No. 356 Primary Registration District No. 4521 Registrar's No. 25

FILED MAR 28 1961

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Houston</u>		c. CITY OR TOWN <u>Houston</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>TEX. CO. MEMORIAL Hospital</u>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>MABEL</u> Middle <u>SHACKLETTE</u> Last <u>SHACKLETTE</u>		4. DATE OF DEATH Month <u>MAR</u> Day <u>17</u> Year <u>1961</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-18-1882</u>
9. AGE (last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Turley, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>JOHN Williams</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCIS Wallace</u>	
14. NAME OF HUSBAND OR WIFE <u>Thomas SHACKLETTE</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.		17. INFORMANT <u>Delmar Shacklette</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>Acute Coronary Occlusion.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive arteriosclerotic</u> DUE TO (c) <u>Coronary Heart disease grade IV</u>		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) <u>(1) Senility (2) diabetes</u>		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 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.)	
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>Houston</u>	
20g. COUNTY <u>Houston</u>		20h. STATE <u>MO</u>	
21. I attended the deceased from <u>5/7/50</u> to <u>3/17/61</u> and last saw her <u>him</u> alive on <u>3/17/61</u> Death occurred at <u>12:20</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>J. J. Burns, M.D.</u> (Degree or title)	
22b. ADDRESS <u>Houston, Mo.</u>		22c. DATE SIGNED <u>3/19/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar. 19. 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pine Lawn Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Houston MO</u>
24. FUNERAL DIRECTOR <u>L.F. EVANS</u>	ADDRESS <u>Houston, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>3-23-61</u>	26. REGISTRAR'S SIGNATURE <u>Murtie Craig</u>

DOCUMENT

MEDICAL CERTIFICATION

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 me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ernest C. Craig

Licensed Embalmer No. 4766

P. O. Address 10th Ave.

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.