

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-017894

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 4

FILED MAY 22 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

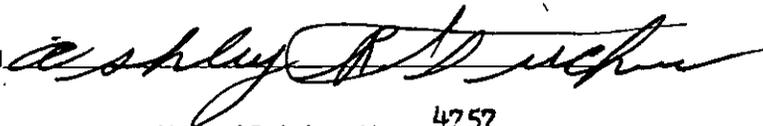
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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Atchison | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Westboro, Missouri | | Length of stay in 1b 3 years | c. CITY OR TOWN Westboro |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family Residence | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Westboro |
| 3. NAME OF DECEASED (Type or print) First George Middle P Last Shackley | | 4. DATE OF DEATH Month May Day 9 Year 1962 | |
| 5. SEX Male | 6. COLOR OR RACE Wh | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH July-17 1870 |
| 9. AGE (last birthday) 91 | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY Gen Farming | 11. BIRTHPLACE (City and state or country) Iowa |
| 12. CITIZEN OF WHAT COUNTRY U S | | 13. FATHER'S NAME Liman Shackley | |
| 14. MOTHER'S MAIDEN NAME Martha Porterfield | | 15. NAME OF HUSBAND OR WIFE Annie M Shackley | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 17. SOCIAL SECURITY NO. _____ | 18. INFORMANT Annie M Shackley Address Westboro, Missouri |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis | | | INTERVAL BETWEEN ONSET AND DEATH 10 days |
| 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 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 | COUNTY STATE |
| 21. I attended the deceased from 4/29/62 to 5/1/62 and last saw him alive on 5/1/62 Death occurred at 4 A M May-9th on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Edmund S. Bone MD | | 22b. ADDRESS Tarkio, Mo | 22c. DATE SIGNED 5/10/62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE May-11-1962 | 23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery | 23d. LOCATION (City, town, or county) Elmwood, Nebraska |
| 24. FUNERAL DIRECTOR Tucker Funeral Home ADDRESS Westboro, Missouri | 25. DATE RECD. BY LOCAL REG. May 19, 1962 | 26. REGISTRAR'S SIGNATURE Tharvin N. Schaefer | |

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 Ashley R Tucker, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4757

P. O. Address Westboro, Missouri

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.