

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026809
STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. _____ Registrar's No. 141

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10400
20400

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4 1
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9260X

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton Twp.</u>		Length of stay in lb <u>2 years.</u>	c. CITY OR TOWN <u>Spickard.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Plainview Rest home.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>NONE</u>
3. NAME OF DECEASED (Type or print) First <u>Sophia</u> Middle <u>(NAME)</u> Last <u>Shockey</u>			4. DATE OF DEATH Month <u>July</u> Day <u>29</u> Year <u>1962</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</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>3/22/1883</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 <u>Homemaking.</u>	11. BIRTHPLACE (City and state or country) <u>Grundy Co. Mo.</u>
13a. FATHER'S NAME <u>Robert Bennett</u>		13b. MOTHER'S MARRIED NAME <u>Elizabeth Bennett</u>	14. NAME OF HUSBAND OR WIFE <u>William Shockey (dec)</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>NONE</u>	17. INFORMANT <u>Roy Shockey</u> Address <u>Trenton, 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>Septicemic pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <u>Cardiac decompensation</u> DUE TO (b) <u>diabetes Mellitus several years</u> DUE TO (c) <u>diabetes Mellitus several years</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>3-5 years</u>
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 <u>March 1-1962</u> to <u>July 29-62</u> and last saw her <u>alive</u> on <u>July 29-1962</u> . Death occurred at <u>10 PM July 29-62</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ann E. [unclear]</u>		22b. ADDRESS <u>[unclear]</u>	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/5/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>AF&AM cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Spickard, Mo.</u>
24. FUNERAL DIRECTOR <u>J. Gordon Blackmore</u>		ADDRESS <u>Trenton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-7-62</u>
		26. REGISTRAR'S SIGNATURE <u>Drene Fair</u>	

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 *Jordan Blackman*

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.