

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007586

STATE FILE NUMBER

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 9-63

FILED FEB 19 1963

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| DO NOT WRITE ON THIS STUB | AMENDED | DATE AMENDED | INSTEAD OF | DOCUMENT | BY AFFIDAVIT OF |
| VS 300 Rev. 4/59 | | | | | |
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| 1. PLACE OF DEATH a. COUNTY McDonald | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY McDonald | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Anderson | | Length of stay in 1b 3 days | c. CITY OR TOWN Noel, Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Goldies Nursing Home | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Rt. # 1 Reside on Farm. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Eva Lena Shockley | | | 4. DATE OF DEATH Month Day Year 2/8/1963 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/4/1882 |
| 9. AGE (last birthday) 81 | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (City and state or country) Noel, Missouri |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Jim Woods | |
| 13b. MOTHER'S MAIDEN NAME Mary Blevins | | 14. NAME OF HUSBAND OR WIFE Deceased | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. [Redacted] | |
| 17. INFORMANT Dart. Shockley, Noel, Mo. | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion <i>(Investigated by R.M. Humphrey, Jr.)</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary DUE TO (c) _____ | | | INTERVAL BETWEEN ONSET AND DEATH 12 hrs. |
| 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 ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT | 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 _____ Month _____ Day _____ Year _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK? YES <input type="checkbox"/> NO <input checked="" 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22. SIGNATURE <i>Mary A. Bradley, Registrar</i> | | 22b. ADDRESS <i>Princeton, Mo</i> | 22c. DATE SIGNED <i>2/12/63</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 2/12/1963 | 23c. NAME OF CEMETERY OR CREMATORY Southwest City Cemetery, Southwest City, Mo. |
| 23d. LOCATION (City, town, or county) | | 23e. STATE | |
| 24. FUNERAL DIRECTOR Wayne Woodard, Noel, Missouri | | 25. DATE RECD. BY LOCAL REG. <i>February 16, 1963</i> | 26. REGISTRAR'S SIGNATURE <i>Mary A. Bradley</i> |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Burial Permit 139424 2/12/63

FEB 27 1963

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 Wayne E. Woodard

Licensed Embalmer No. 5172

P. O. Address Well, 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.