

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 7 1949

No. 300

10.48

BIRTH NO. <u>48-65057</u>		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>714</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Buchanan</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hosp.</u>		c. LENGTH OF STAY (in this place) <u>3 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>General Delivery</u>	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Betty</u>	b. (Middle) <u>Jo</u>	c. (Last) <u>Shockley</u>	(Month) <u>Jan.</u>	(Day) <u>30</u>	(Year) <u>1949</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		8. DATE OF BIRTH <u>Oct. 2, 1948</u>		9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alvin Shockley Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Virginia Hoplin</u>			14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alvin Shockley - Kansas City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, bilateral</u>		DUE TO (b) <u>Otitis media bilat</u>		DUE TO (c) <u>Acute nephritis</u>		<u>5d</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>491 X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>1-28</u> , 1949, to <u>1-30</u> , 1949, that I last saw the deceased alive on <u>1-30</u> , 1949, and that death occurred at <u>10</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. Peterson</u>			23b. ADDRESS <u>St. Joseph Mo</u>			23c. DATE SIGNED <u>1-31-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-30-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 4, 1949</u>		REGISTRAR'S SIGNATURE <u>H. B. Jenkins</u>		382		25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed Charles M. Hannan

Signed
Student Embalmer

Licensed Embalmer No. 43487

P. O. Address St. Joseph

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 this body is not embalmed, fact should be so stated above.