

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3620

State File No.

BIRTH NO. 48-84208 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>9714 Gentry St Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lemay</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay No</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>96</u> OR TOWN <u>Lemay</u>		d. STREET ADDRESS (If rural, give location) <u>9714 Gentry Av</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9714 Gentry</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph R</u> b. (Middle) <u>Shackelford</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 14 48</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Nil</u>	8. DATE OF BIRTH <u>Dec 14 1948</u>		9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St Louis</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Russell Shackelford</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Robic</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Russell Shackelford 9714 Gentry.</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary Bronchopneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	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>107 49 1X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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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) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 12-14, 1948, to 1-14, 1949, that I last saw the deceased alive on 1-14, 1949, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Luis C. Bryant M.D.</u> (Degree or title)		23b. ADDRESS <u>124 E Adams</u>	23c. DATE SIGNED <u>1-14-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/15/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	24d. LOCATION (City, town, or county) (State) <u>Watson & Mc Kenzie</u>
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DATE REC'D BY LOCAL REG. <u>1-14-49</u>	REGISTRAR'S SIGNATURE <u>Theresa L. Lennig</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Hand</u>	ADDRESS <u>1926 Allen Ave</u>
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(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 me

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Benz J. Duncan

Signed _____
Student Embalmer

Licensed Embalmer No. 2276

P. O. Address 1928 Allen 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 this body is not embalmed, fact should be so stated above.