

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43375**

FILED JAN 6 1950

BIRTH NO. _____		REG. DIST. NO. <b>321</b>		PRIMARY REG. DIST. NO. <b>4-487</b>		Registrar's No. <b>72</b>	
1. PLACE OF DEATH a. COUNTY <b>Scotland</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Scotland</b>			
b. CITY OR TOWN <b>Gorin</b>		c. LENGTH OF STAY (in this place) <b>entire life</b>		c. CITY OR TOWN <b>Gorin</b>		99	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>Rural</b>			
3. NAME OF DECEASED (First) <b>Benjamin Woolly Shacklett</b>			b. (Middle)			c. (Last)	
(Type or Print)			DATE OF DEATH (Month) (Day) (Year) <b>Dec 15 1949</b>				
5. SEX <b>M</b>		16. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>Feb 22 1914</b>	
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Scotland Co. Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jack Shacklett</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Albright</b>		15. NAME OF HUSBAND OR WIFE <b>John Shacklett</b>			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ralph B. Shacklett</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Prostate &amp; Bladder</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>enlarged Prostate gland</b> DUE TO (c)					
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>					
19a. DATE OF OPERATION <b>Aug 1948</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma Prostate Gland</b>				20. AUTOPSY? YES <input 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 <b>Aug 15, 1948</b> , to <b>Dec 15, 1949</b> , that I last saw the deceased alive on <b>Dec 14, 1949</b> , and that death occurred at <b>5 P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>F M Johnson M.D.</b> (Degree or title)				23b. ADDRESS <b>Gorin Mo</b>		23c. DATE SIGNED <b>12.30.49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Dec 17-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Gorin Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Gorin MO</b>	
DATE REC'D BY LOCAL REG. <b>12/30/49</b>		REGISTRAR'S SIGNATURE <b>OTM Baker</b> 407		25. FUNERAL DIRECTOR'S SIGNATURE <b>Earth Shacklett</b> ADDRESS <b>Gorin</b>			

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

**MO**

JAN 27 1950

RECEIVED JAN 1 1950  
District Health Officer No. \_\_\_\_\_  
District File Number 1-50- \_\_\_\_\_  
Date Filed JAN 1 1950

**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 \_\_\_\_\_  
Student Embalmer

Signed Fred Hunter

Licensed Embalmer No. 425-E

P. O. Address Memphis

**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.**