No. 300
10-48

FILED APR 27 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 14726
Registrar's No. 3691

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptist Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Jersey
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerseyville 8120
d. STREET ADDRESS (If rural, give location): Lafayette Street., 8

**3. NAME OF DECEASED** (Type or Print)
a. (First): Jane
b. (Middle): Pittman
c. (Last): Shackelford

**4. DATE OF DEATH** (Month) (Day) (Year): April 18, 1951

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never married
**8. DATE OF BIRTH**: May 17, 1881
**9. AGE** (In years last birthday): 69 — 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): Secretary
**10b. KIND OF BUSINESS OR INDUSTRY**: Law
**11. BIRTHPLACE** (State or foreign country): Jerseyville, Illinois
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Richard Shackelford
**13b. MOTHER'S MAIDEN NAME**: Annie Pittman
**14. NAME OF HUSBAND OR WIFE**: Nil

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): Nil
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME** — ADDRESS: Minnie Schindler-Jerseyville, Ill

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Cecum — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

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.* Cardiac Decompensation — 1 wk

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: Carcinoma of Cecum
**20. AUTOPSY?** YES ☑ NO ☐

**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 WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 152X

22. *I hereby certify that I attended the deceased from* 3 Apr 51, 19__, *to* 18 Apr, 1951, *that I last saw the deceased alive on* 18 Apr, 1951, *and that death occurred at* 3:55 m.p. *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Eugene M Bricker
**23b. ADDRESS**: 457 N King Highway
**23c. DATE SIGNED**: 19 Apr 51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 4-19-51
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Grove
**24d. LOCATION** (City, town, or county) (State): Jerseyville, Illinois

**DATE REC'D BY LOCAL REG.**: APR 19 1951
**REGISTRAR'S SIGNATURE**: J B Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: Albert H. Hoppe-4700 Washington Blvd

(Licensed Embalmer's Statement on Reverse Side)

AUG 21 1951

## 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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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