

FILED AUG. 9 1951
R# 1379
XC-208716THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22237

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 332

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY REYNOLDS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, POPLAR BLUFF		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BUNKER CENTERVILLE, MO. 0900	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vets ADM. Hospital Bluff, MO		d. STREET ADDRESS (If rural, give location) Unk.	

3. NAME OF DECEASED (Type or Print)	a. (First) NOVA	b. (Middle) JAMES	c. (Last) SHACKLETT	4. DATE OF DEATH (Month) (Day) (Year) 7 31 51
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced MARRIED	8. DATE OF BIRTH MA 17 -1888	9. AGE (In years last birthday) Appx. 63	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hour	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done in regular line of business) Real Estate Agent	10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (State or foreign country) SCOTLAND COUNTY BRICKMAN Corin, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM F. SHACKLETT	13b. MOTHER'S MAIDEN NAME DEE A. HUSTON	14. NAME OF HUSBAND OR WIFE CAECILIA PODORSKI SHACKLETT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) Yes WW I	16. SOCIAL SECURITY NO. Unk	17. INFORMANT'S SIGNATURE OR NAME CAECILIA SHACKLETT - BUNKER, MO. ROBERT B. OSBORN, Centerville, Mo.	ADDRESS Centerville, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unk DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 490x	20. AUTOPSY? YES <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE E. W. Cline, M. D. County Health Officer	23b. ADDRESS County Health Office Poplar Bluff Mo.	23c. DATE SIGNED 8-2-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-3-51	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Branch Mo
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DATE REC'D BY LOCAL REG. 8-2-51	REGISTRAR'S SIGNATURE Wm. H. Johnson	25. FUNERAL DIRECTOR'S SIGNATURE New Cross & Fitch	ADDRESS Poplar Bluff Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

124
0

RECEIVED

AUG 8 1951

BUTLER CO. HEALTH CENTER

FILE No.

851-354

SEP 11 1951

JAN 21 1957

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 *B. Hollas Fitch*

Licensed Embalmer No. *3859*

P. O. Address *Poplar Bluff, 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 this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 22237
Local Registrar's No. 332

State of Missouri }
County of Reynolds } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Affidavits containing erasures will not be accepted, draw one line through error and write above it.

On this 18th day of August, 1951, before me appears
Caecilia Shacklett, who, upon her oath, states that the original record of ^{birth} death
for Nova J. Shacklett ^{died} ~~born~~ July 31, 1951, in the State of
Missouri, and which was filed at Butler County on Aug. 2, 1951, should be corrected as follows:

Item No. 13b should read Dee A. Austin

Instead of unknown

Item No. 14 should read ^{AE}Caecilia Podorski Shacklett

Instead of none

Item No. 17 should read ^{AE}Caecilia Shacklett Bunker, Missouri

Instead of Robert B. Oshorn Centerville, Missouri

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Caecilia Shacklett ^{wife}
Relationship.

Bunker, Missouri.
Present Address.

Subscribed and sworn to before me this 18th day of August, 1951

My Commission expires October 14, 1951. Ans Jean O'Bryan Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
County of Reynolds } ss.

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Item No. 2c should read Bunker

Instead of Centerville

Item No. 7 should read Married

Instead of Divorced

Item No. 8 should read May 27, 1888

Instead of 1888

Item No. 9 should read 63 years

Instead of Appr. 62

Item No. 10a should read Farmer (retired)

Instead of real estate agent

Item No. 10b should read Self

Instead of real estate

Item No. 11 should read Scotland County, Missouri

Instead of Gorin Missouri

Item No. 13a should read William F. Shacklett

Instead of unknown

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Caecilia Shacklett wife
Relationship.

Bunker, Missouri.
Present Address.

Subscribed and sworn to before me this 18th day of August, 1951

My Commission expires October 14, 1951. Imo Jean O'Bryan Notary Public.