

FILED DEC 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42439**  
Registrar's No. **13**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **262** PRIMARY REG. DIST. NO. **6292**

1. PLACE OF DEATH a. COUNTY <b>Ozark</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ozark</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Longrun, Rural, Longrun</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Longrun, Rural Longrun Twp. 0770</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Longrun, Rural, Ozark, Co.</b>		d. STREET ADDRESS (If rural, give location) <b>Ozark Co, Longrun, Missouri</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Eliza</b> b. (Middle) <b>Jane</b> c. (Last) <b>Shockey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 6 51</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>1894</b>		9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (State or foreign country) <b>Isabella, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Tom Barnett</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Jane Green</b>		14. NAME OF HUSBAND OR WIFE <b>J.A. Shockey</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr J.A. Shockey</b>		ADDRESS <b>Longrun, Missouri</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetic Coma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Diabetes Mellitus</b>			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Auto (pulmonary) T.B.C.</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>260X A</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to <b>12-6</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>12-6</b> , 19 <b>51</b> , and that death occurred at <b>9 P.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>M. C. Gentry M.D.</b> (Degree or title)		23b. ADDRESS <b>W. W. W.</b>		23c. DATE SIGNED <b>12-16-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/9/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Welch Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Longrun, Ozark Co., Mo</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Chinkinghead Funeral Home</b> ADDRESS <b>Danville, Missouri</b>			

DATE REC'D BY LOCAL REG. <b>12-15-51</b>		REGISTRAR'S SIGNATURE <b>Mae Johnson</b> <b>243-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Chinkinghead Funeral Home</b> ADDRESS <b>Danville, Missouri</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2770  
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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED DEC 21 1951

Dist. File 12-22-3214

Date Filed 12-28-51

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed Chas. A. Roof

Licensed Embalmer No. 3044

P. O. Address St. Louisville 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.