

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **13675**

FILED APR 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **110**

264  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|  |                               |  |   |   |   |
|--|-------------------------------|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>COLE</b>   |                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>MONITEAU</b>           |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON CITY</b>   |                               | c. LENGTH OF STAY (In this place) <b>5 DAYS</b>  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>TIPTON</b>  |   | <b>0680</b>   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CHARLES E. STILL HOSPITAL</b>   |                               |  | d. STREET ADDRESS (If rural, give location) <b>/</b>  |   |   |
| 3. NAME OF DECEASED<br>a. (First) <b>CORNELIUS</b> b. (Middle) <b>V.</b> c. (Last) <b>SHACKLEFORD</b>  |                               |  | 4. DATE OF DEATH<br>(Month) <b>APRIL</b> (Day) <b>19</b> (Year) <b>1953</b>   |   |   |
| 5. SEX <b>MALE</b>   | 6. COLOR OR RACE <b>NEGRO</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>                            | 8. DATE OF BIRTH <b>19 Nov. 1889</b>  | 9. AGE (In years last birthday) <b>63</b>                                       | IF UNDER 1 YEAR: Months <b>0</b> Days <b>0</b> IF UNDER 1 HR. Hours <b>0</b> Mins. <b>0</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and State or Foreign Country) <b>TIPTON, Mo.</b>   |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |
| 13a. FATHER'S NAME <b>JOHN CALVIN SHACKLEFORD</b>  |                               | 13b. MOTHER'S MAIDEN NAME <b>ALLIE MARY</b>  |   | 14. NAME OF HUSBAND OR WIFE   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>yes W.W.I.</b>   |                               | 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT'S SIGNATURE OR NAME <b>Hattie M. Perkins - Tipton, Mo</b> ADDRESS |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |                               |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory Collapse</b><br>INTERVAL BETWEEN ONSET AND DEATH       |   |   |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>myocardial failure</b><br>DUE TO (c) <b>congestive heart failure</b>  |                               |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Prostatism</b> |   |   |
| 19a. DATE OF OPERATION <b>4/18/53</b>  |                               | 19b. MAJOR FINDINGS OF OPERATION <b>Prostatic hypertrophy acute retention</b>                          |   |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)  |                               | 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>4/14</b> , 19 <b>53</b> , to <b>4/19</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>4/19</b> , 19 <b>53</b> and that death occurred at <b>8:45 A.M.</b> , from the causes and on the date stated above. |                               |  |   |   |   |
| 23a. SIGNATURE <b>R. D. Michael</b> (Degree or title) <b>DO.</b>   |                               |  | 23b. ADDRESS <b>Jefferson City, Mo</b>  |   | 23c. DATE SIGNED <b>4/19/53</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>  |                               | 24b. DATE <b>APRIL 23, 53</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Church Cemetery</b>   |   | 24d. LOCATION (City, town, or county) (State) <b>TIPTON, Mo.</b>                            |
| DATE REC'D BY LOCAL REG. <b>April 24-1953</b>  |                               | REGISTRAR'S SIGNATURE <b>R. P. Norris MD MR.</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Richard O. Conn, Tipton, Mo.</b> ADDRESS    |   |

OCT 16 1953

MAY 5 1953

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. 4703

working under my personal supervision.

Student .....  
Student Embalmer

Signed Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Upton, 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.