

FILED AUG 7-1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24153

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>77</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u> <u>0171</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>n. main</u>				d. STREET ADDRESS (If rural, give location) <u>N. MAIN</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stewart</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Shankle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Aug 30, 1875</u>		9. AGE (In years last birthday) <u>76 11</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Steve Shankle</u>		13b. MOTHER'S MAIDEN NAME <u>JANIE ROUSH</u>		14. NAME OF HUSBAND OR WIFE <u>Sada Shankle</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. S.A. Shankle, Carrollton Mo</u>			
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						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		DUE TO (b) <u>Uremic Poisoning</u>		DUE TO (c) <u>Chronic Prostatitis</u>		<u>30 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						<u>1 wk</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>1 yr.</u>
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) (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 <u>July 29, 1953</u> to <u>July 30, 1953</u> , that I last saw the deceased alive on <u>July 30, 1953</u> and that death occurred at <u>1:30 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Ernest R. Smith M.D.</u>				23b. ADDRESS <u>1021 9th St. Carrollton Mo</u>		23c. DATE SIGNED <u>7-30-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 1</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shelman Cemetery</u>		24d. LOCATION (City, town or county) (State) <u>Kingman, Kans</u>		
DATE REC'D BY LOCAL REG. <u>8/1/53</u>	REGISTRAR'S SIGNATURE <u>Mr. Herbert Carter</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Deckerason Funeral Home Bogard, Mo</u> <u>Ray Deckerason</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

