

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42162**

FILED JAN 4 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1321**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Holt</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Mound City</b>	
c. LENGTH OF STAY (in this place) <b>27 days</b>		d. STREET ADDRESS (If rural, give location) <b>not given</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			

3. NAME OF DECEASED a. (First) <b>Everett</b>		b. (Middle) <b>D.</b>		c. (Last) <b>Shockley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>December 21-1953</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 1st, 1877</b>	9. AGE (in years last birthday) <b>76</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Operator- Farm Machinery-Self Employed</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Fayetteville, Indiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>George N. Shockley</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Perkins</b>	14. NAME OF HUSBAND OR WIFE <b>Emma E. Shockley</b>
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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>Chester Shockley, Battle Creek, Michigan</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gastric Ulcers</b>		
	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. <b>Atelectases Bilateral Lung</b>		<b>10 days</b>	

19a. DATE OF OPERATION <b>12/21/53</b>	19b. MAJOR FINDINGS OF OPERATION <b>above</b>	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) (Min.)	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 **1 Dec 1953** to **21 Dec 1953** that I last saw the deceased alive on **Dec 21, 1953** and that death occurred at **10:00p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>	23b. ADDRESS <b>St. Joseph, Mo</b>	23c. DATE SIGNED <b>12.21.53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>(Removal)</b>	24b. DATE <b>Dec. 22-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maitland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mound City, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>Dec 28, 1953</b>	REGISTRAR'S SIGNATURE <b>Thomas M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Meierhoff &amp; Fleeger</b>	ADDRESS <b>St. Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 Raymond W. Morehead

Licensed Embalmer No. 4413

P. O. Address St. Joseph, Missouri.

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.