

STANDARD CERTIFICATE OF DEATH

State File No. **8024**

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

BIRTH NO. **FILED APR 1 1954** REG. DIST. NO. **62** PRIMARY REG. DIST. NO. **5239** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Linn Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Linn Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 7 Miles W. of Stockton		d. STREET ADDRESS (If rural, give location) 7 Miles W. of Stockton	

3. NAME OF DECEASED (Type or Print) a. (First) EARL b. (Middle) FRANKLIN c. (Last) SHOCKLEY		4. DATE OF DEATH (Month) (Day) (Year) March 25, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 16, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Tenant	9. AGE (In years last birthday) 62
11. BIRTHPLACE (State or foreign country) Cedar County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME Bergard Shockley	13b. MOTHER'S MAIDEN NAME Ida King	14. NAME OF HUSBAND OR WIFE Addie Shockley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 500-01-8413	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Addie Shockley, Stockton, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of transverse bladder stomach & liver metastases		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 151 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 3. 18., 1954, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Wm B. Miller M.D.</i>	23b. ADDRESS <i>Stockton Mo</i>	23c. DATE SIGNED <i>3-27-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-27-1954	24c. NAME OF CEMETERY OR CREMATORY Stockton City Cemetery	24d. LOCATION (City, town, or county) (State) Stockton, Mo.
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DATE REC'D BY LOCAL REG. 3-27-54	REGISTRAR'S SIGNATURE Geneva Garrison	154-55	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funer. Home, Stockton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 *John A. Caulton*

Licensed Embalmer No. *4387*

P. O. Address *Stockton, 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.