No. 300
10-48

FILED OCT 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32100

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 307

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirksville
c. LENGTH OF STAY (in this place) 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kirksville Osteopathic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Adair
c. CITY OR TOWN Kirksville
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 214 W. Washington 00130

3. NAME OF DECEASED (Type or Print)
a. (First) ORCE
b. (Middle) ELMO
c. (Last) SHOCKEY

4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1955

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 5, 1876
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer
11. BIRTHPLACE (City and State or Foreign Country) Kenton Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John Shockey
13b. MOTHER'S MAIDEN NAME Sarah Allen Jenkins
14. NAME OF HUSBAND OR WIFE Vera Shockey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME Clyde Shockey Detroit Mich ADDRESS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Cardiac dilation
DUE TO (c) Mitral & Aoratic Valvular disease due to old Rheumatic Fever

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 410X
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-7, 1955, *to* 10-15, 1955, *that I last saw the deceased alive on* 10-14, 1955, *and that death occurred at* 7:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE David W. Boone (Degree or title) DO
23b. ADDRESS Kirksville Mo
23c. DATE SIGNED 10-16-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 17, 1955
24c. NAME OF CEMETERY OR CREMATORY Lutz
24d. LOCATION (City, town, or county) (State) Adair, Co. Mo.

DATE REC'D BY LOCAL REG. 10-16-55
REGISTRAR'S SIGNATURE Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE Nova E Foster Kirksville Mo. ADDRESS

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Nova E. Foster

Licensed Embalmer No. 474

P. O. Address Lukeville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.