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FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16591
State File No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1899

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4413 Woodland Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location) 163 4413 Woodland Avenue 3628

3. NAME OF DECEASED (Type or Print)
a. (First) ALMA
b. (Middle) D.
c. (Last) SHACKLETT

4. DATE OF DEATH (Month) April (Day) 30, (Year) 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 29, 1880
9. AGE (In years last birthday) 75
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) Transit Dept. Commerce Trust Company
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Samuel James
13b. MOTHER'S MAIDEN NAME —— Neighbors
14. NAME OF HUSBAND OR WIFE James A. Shacklett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 496-24-5472
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. C.S. Matlick, 1309 East Armour, K.C., Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition. Ca. of lung — INTERVAL BETWEEN ONSET AND DEATH 8 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ca. of Breast — about 10 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 70X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Mastectomy L Breast - Feb 1-1955
20. AUTOPSY? YES [ ] 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* June, 1944, *to* Apr 30, 1956, *that I last saw the deceased alive on* Apr 21, 1956, *and that death occurred at* 12:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Glen H. Broyles (Degree or title) MD
23b. ADDRESS 1132 Professional Bldg.
23c. DATE SIGNED 4-30-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE April 30, 1956
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) La Grange, Missouri

DATE REC'D BY LOCAL REG. 4-30-56
REGISTRAR'S SIGNATURE Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FREEMAN MORTUARY, Kansas City, Mo.

(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 eml

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clayton H Barnes.....

Licensed Embalmer No. 479

P. O. Address K. C., M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.