

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18643**  
Registrar's No. **4565**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>8 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>5 5915 Maple Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5915 Maple Ave.</b>			

3. NAME OF DECEASED (Type or Print) <b>GEORGIA SHANKLIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 9, 1956</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, * WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>12-19-1875</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>20</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Christian County, Ky.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Columbus Gregory</b>	13b. MOTHER'S MAIDEN NAME <b>Kate Lindsey</b>	14. NAME OF HUSBAND OR WIFE <b>Herbert Shanklin</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</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Raymond V. Gregory, above</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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Cardiovascular disease.</b> <b>Hypertensive cardio vascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 years</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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 May 1950, to May 9, 1956, that I last saw the deceased alive on May 9, 1956, and that death occurred at 3:40 P. m., from the causes and on the date stated above. 5-10-56

23a. SIGNATURE <b>Norton J. Eversoll</b> <i>Norton John Eversoll</i>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>6356 Clayton Rd.</b> <i>6356 Clayton Rd.</i>	23c. DATE SIGNED <b>May 19, 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>5-10-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Riverside Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hopkinsville, Ky.</b>
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DATE REC'D BY LOCAL REG. <b>MAY 11 1956</b>	REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>JAY B. SMITH, Maplewood, Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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 \_\_\_\_\_

*J. Allen Davis Jr.*

Licensed Embalmer No. \_\_\_\_\_

4053

P. O. Address \_\_\_\_\_

St. L.

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.