

FILED OCT 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33313

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 273

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Callaway County</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Fulton, Missouri</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE <u>Missouri</u>		b. COUNTY <u>Maries</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital</u>			Length of stay in lb <u>5Mo. 5ds</u>	c. CITY OR TOWN <u>Belle, Missouri</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>—</u>	
3. NAME OF DECEASED (Type or print) <u>Effie Shockley</u>				4. DATE OF DEATH <u>Oct 21, 1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 22, 1903</u>	
9. AGE (In years last birthday) <u>53</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Vienna, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Ben Adkins</u>				14. MOTHER'S MAIDEN NAME <u>Cardelia Armour</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Husband- Belle, Missouri</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac (complete) Block</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardiac failure</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>Rt Bronchopneumonia</u>							INTERVAL BETWEEN ONSET AND DEATH <u>22 hrs</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. <u>State Hospital</u> attended and deceased from <u>10-21-56</u> to <u>10-21-56</u> and last saw <u>her</u> alive on <u>—</u> Death occurred at <u>8:25 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>H. G. Freund, M.D. H.G. Freund</u>				22b. ADDRESS <u>State Hospital No.1, Fulton, Mo.</u>		22c. DATE SIGNED <u>10-22-56</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Removal</u>		<u>10/24/56</u>		<u>Belle Block</u>		<u>Maries County Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>M.C. Cunningham Vienna Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Oct. 22, 1956</u>		26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	

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
Signature of Student Embalmer

Signed *W. B. Birmingham*

Licensed Embalmer No. *36*

P. O. Address *Birmingham*

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