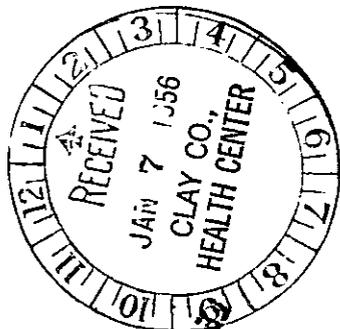


FILED JAN 14 1957 STANDARD CERTIFICATE OF DEATH

State File No. 40921

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

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>5291</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Rural</u>		c. LENGTH OF STAY (In this place) <u>hours</u>		c. CITY OR TOWN <u>Liberty</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route 3</u>				e. STREET ADDRESS (If rural, give location) <u>408 N. Ridge</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Willard</u>		b. (Middle) <u>Elwin</u>		c. (Last) <u>Shinkle</u>	
4. DATE OF DEATH		(Month) <u>Dec.</u>		(Day) <u>18,</u>		(Year) <u>1956</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>SEPT 5, 1905</u>	
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 DAY Days _____		IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>grocery store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cadmus Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>W. G. Shinkle</u>		13b. MOTHER'S MAIDEN NAME <u>Isabell Wishart</u>		14. NAME OF HUSBAND OR WIFE <u>Maymie Crissman Shinkle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maymie Crissman Shinkle</u> ADDRESS <u>Liberty Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot Gun Wound to Head</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity 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.							
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>North River</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Liberty</u> (COUNTY) <u>Clay</u> (STATE) <u>Miss</u>		976 x	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 14 56</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. J. ...</u> (Degree or title) _____				23b. ADDRESS <u>North River, Mo</u>		23c. DATE SIGNED <u>12/22/56</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-22-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Garnett Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Garnett, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>1-2-57</u>		REGISTRAR'S SIGNATURE <u>Mabel Graham Tyler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tyler-Parley</u> ADDRESS <u>Liberty, Mo</u>			



2561 ST. 580

JAN 15 1956

**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 *Charles J. Taylor*

Licensed Embalmer No. 463

P. O. Address *Taylor*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.