No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2043

FILED FEB 6 1957

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5776 Registrar's No. 6

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

1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington-Township
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): **********

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mercer
c. CITY OR TOWN: Washington-Twp.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 0
STREET ADDRESS (If rural, give location): **********

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): Frances
c. (Last): Shockey

4. DATE OF DEATH (Month) (Day) (Year): I 23 57

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 5-15-1869
9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months 8 Days 8
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Washington-Township 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Lafayette Gentry
13b. MOTHER'S MAIDEN NAME: Sarah Owen
14. NAME OF HUSBAND OR WIFE: Isaac Shockey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Dora George-RuralRoute-Me 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): Cardio-vascular-renal dusease, with

ANTECEDENT CAUSES II
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): special reference to the degree of ### renal and senile degeneration
DUE TO (c): Exhaustion

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Multiple decubitus(profound)

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
442 X
20. AUTOPSY? YES ☐ NO ☒ 2

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* Jan 1920, *to* Jan 23, 1957, *that I last saw the deceased alive on* Jan 21, 1957, *and that death occurred at* 2:35 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. S. Breston M.D. Princeton, Mo.
23b. ADDRESS
23c. DATE SIGNED: 1/24/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: I-25-57
24c. NAME OF CEMETERY OR CREMATORY: Salem Cemetery
24d. LOCATION (City, town, or county) (State): Mercer Co.-Mo.

DATE REC'D BY LOCAL REG.: 1-24-57
REGISTRAR'S SIGNATURE: Noel Moore
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Martin Funeral Home-Princeton, Mo.

393 0

(Licensed Embalmer's Statement on Reverse Side) by Grace M. Martin

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James L. Greenbe

Licensed Embalmer No. 396

P. O. Address Lineville

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