

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3671

State File No. ....

FILED MAR 7 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 225

|                                                                                |  |                                                                                                                                           |  |
|--------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Bates</u>                                    |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Butler</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Windsor</u>                                                       |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200 East Pine Street</u>            |  | d. STREET ADDRESS (If rural, give location) <u>Windsor Missouri</u>                                                                       |  |

|                                                                                                                         |                                        |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>John</u><br>b. (Middle) <u>Andrew</u><br>c. (Last) <u>Shockley</u> | 4. DATE OF DEATH<br><u>Feb 27 1957</u> |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------|

|                    |                              |                                                                       |                                      |                                           |                                            |                                            |
|--------------------|------------------------------|-----------------------------------------------------------------------|--------------------------------------|-------------------------------------------|--------------------------------------------|--------------------------------------------|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>Col.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>July 12 1875</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |
|--------------------|------------------------------|-----------------------------------------------------------------------|--------------------------------------|-------------------------------------------|--------------------------------------------|--------------------------------------------|

|                                                                                                                   |                                         |                                                                     |                                         |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|-----------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>White Co Tennessee</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|-----------------------------------------|

|                                        |                                                    |                                                |
|----------------------------------------|----------------------------------------------------|------------------------------------------------|
| 13a. FATHER'S NAME <u>Jim Shockley</u> | 13b. MOTHER'S MAIDEN NAME <u>Tennessee Wallace</u> | 14. NAME OF HUSBAND OR WIFE <u>Gussie Kidd</u> |
|----------------------------------------|----------------------------------------------------|------------------------------------------------|

|                                                                             |                                            |                                                                |                         |
|-----------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------|-------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>490-30-5589</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Scott Shockley-Butler</u> | ADDRESS <u>Missouri</u> |
|-----------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------|-------------------------|

|                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |  |                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION                                                                                                                                                                                            |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 Mos</u><br><br><u>Several years</u> |
|                                                                                                                                                                                                                               | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u>                                                                                                                           |  |                                                                              |
|                                                                                                                                                                                                                               | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Mitral Regurgitation</u><br>DUE TO (c) <u>Generalized Atherosclerosis</u> |  |                                                                              |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------|----------------------------------------|-------------------------------------------------------------------------------------|

|                                                |                                                                                                |                                                                       |
|------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 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) <u>MO</u> |
|------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|

|                                                       |                                                                                                        |                                  |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------|

22. I hereby certify that I attended the deceased from Feb 10, 1957 to Feb 26, 1957, that I last saw the deceased alive on Feb 26, 1957, and that death occurred at 8 PM m., from the causes and on the date stated above.

|                                                                    |                                     |                                 |
|--------------------------------------------------------------------|-------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Carte W. Lutes</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Butler Missouri</u> | 23c. DATE SIGNED <u>2/28/57</u> |
|--------------------------------------------------------------------|-------------------------------------|---------------------------------|

|                                                         |                           |                                                      |                                                                 |
|---------------------------------------------------------|---------------------------|------------------------------------------------------|-----------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Mar 2/57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u> | 24d. LOCATION (City, town, or county) (State) <u>Windsor Mo</u> |
|---------------------------------------------------------|---------------------------|------------------------------------------------------|-----------------------------------------------------------------|

|                                          |                                            |                                                        |                           |
|------------------------------------------|--------------------------------------------|--------------------------------------------------------|---------------------------|
| DATE REC'D BY LOCAL REG. <u>Mar 2-57</u> | REGISTRAR'S SIGNATURE <u>Randall Henry</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John Underwood</u> | ADDRESS <u>Butler Mo.</u> |
|------------------------------------------|--------------------------------------------|--------------------------------------------------------|---------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

176

MAR 2 1962

**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 Robert G. Steinhilber

Licensed Embalmer No. 4657

P. O. Address Butler Missouri

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.