

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 21 1957

Registration District No. 175 Primary Registration District No. 42750 Registrar's No. 477936

017792  
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Verona.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Verona</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home, City of Verona</b>			Length of stay in 1b		d. STREET ADDRESS <b>Gen, Del.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>Walter</b> <i>First</i> <b>W.</b> <i>Middle</i> <b>Shockley</b> <i>Last</i>				4. DATE OF DEATH <b>May 8, 1957</b>		Month <b>May</b> Day <b>8</b> Year <b>1957</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Dec. 31, 1890</b>			
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and state or country) <b>Barry Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>		
13. FATHER'S NAME <b>Steve Shockley</b>				14. MOTHER'S MAIDEN NAME <b>Sarah Bond</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT <b>Carson Shockley,</b> Address <b>Crane, Missouri.</b>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b>							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis with Myocardial Infarction</b>									
DUE TO (c) <b>Arteriosclerosis</b>							<b>unknown</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? <b>NO</b>		
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. I attended the deceased from <b>May 7, '57</b> to <b>May 8 '57</b> and last saw <b>her</b> alive on <b>May 7 '57</b> Death occurred at <b>10 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>F. Avery Watson D.D.</b>				22b. ADDRESS <b>Verona, Mo.</b>			22c. DATE SIGNED <b>5-9-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 12, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Clay Hill Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Barry County, Missouri.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>O. L. Marsh Funeral Service, Aurora, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>5-11-57</b>		26. REGISTRAR'S SIGNATURE <b>Ora Mcnatt</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 22 1957

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 *[Signature]*, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *[Signature]*  
Licensed Embalmer No. 381

P. O. Address *[Signature]*

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.