FILED AUG 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25202
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 135

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Wallace Hosp — Length of stay in 1b 6 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN Lebanon 0532 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 339 N Jefferson — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Middle Last: Dolly Ellen Shockley
4. DATE OF DEATH Month Day Year: July 31, 1957
5. SEX: F
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: Feb. 2, 1865
9. AGE (In years last birthday): 92 — 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Laclede Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Sam Hafley
14. MOTHER'S MAIDEN NAME: Elizabeth Pendergraft
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Cora McClanahan — Address: Lebanon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) Senility
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ None
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ None
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/7/57, to 7/31/57 and last saw her ~~him~~ alive on 7/31/57
Death occurred at 6:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George E. Fisher M.D
22b. ADDRESS: Lebanon, Mo
22c. DATE SIGNED: 8/5/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/3/57
23c. NAME OF CEMETERY OR CREMATORY: Brownfield Cemetery
23d. LOCATION (City, town, or county) (State): near Brownfield Mo.

24. FUNERAL DIRECTOR ADDRESS: Holman Lebanon, Mo.
25. DATE RECD. BY LOCAL REG.: 8-6-1957
26. REGISTRAR'S SIGNATURE: Hella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Received 8-12-57

Laclede County Health Unit

File No. 135

Date Filed 8-12-57

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dorsey M. How

Licensed Embalmer No. 4

P. O. Address Lebanon

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.