

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027944

STATE FILE NUMBER

DECEASED AUG 6 1958 Registration District No. 338 Primary Registration District No. 6154 Registrar's No. 26

30
1.3001
1-57

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Parma		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural 1. 1030
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Resident		Length of stay in lb 10 yr.	d. STREET ADDRESS (If outside, give location) Rural 1
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Perline xxxxxxxx Shackley			4. DATE OF DEATH Month Day Year July 21, 1958		
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5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4, 4, 1892	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days 3 16	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY House wife	11. BIRTHPLACE (City and state or country) Arkansas	12. CITIZEN OF WHAT COUNTRY? U, S, A,
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13a. FATHER'S NAME Robert Turner	13b. MOTHER'S MAIDEN NAME Armanda Turner	14. NAME OF HUSBAND OR WIFE Henry Shackley
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Henry Shackley	Address Parma, Mo., R. L
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Interruption of oxygen cycle.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) congestive heart failure	
	DUE TO (c) hypertension	
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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
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21. I attended the deceased from **5-15-58**, to **7-21-58** and last saw ^{her} _{him} alive on **6-13-58**
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE S. E. Jones (Deputy Coroner)	22b. ADDRESS 112 S. Walnut, Dexter	22c. DATE SIGNED 7-31-58
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 7-27-58	23c. NAME OF CEMETERY OR CREMATORY Smith West End Cem	23d. LOCATION (City, town, or county) (State) West of Lexington Mo.
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24. FUNERAL DIRECTOR Fred J. Smith	ADDRESS 1212 Main St	25. DATE RECD. BY LOCAL REG. 7-30-58	26. REGISTRAR'S SIGNATURE Mrs. George L. Baker
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NO SYMPTOMS WENT TO THE

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 *Fred J. Smith*

Licensed Embalmer No. *4408*

P. O. Address *Alhambra, Ca*

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.