

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018713

STATE FILE NUMBER

FILED JUN 15 1959

Registration District No. 280

Primary Registration District No.

Registrar's No. 34

300
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1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PLATTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rte. 3, PARKVILLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN PARKVILLE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET OR ADDRESS RTE. 3 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MRS. AMY FARNEY SHACKELFORD			4. DATE OF DEATH Month Day Year May 29, 1959
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCTOBER 15, 1886
9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) LEAVENWORTH COUNTY, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME ASA W. FARNEY		13b. MOTHER'S MAIDEN NAME MOLLIE DAVIS	14. NAME OF HUSBAND OR WIFE JESSE J. SHACKELFORD
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address MISS JOYCE SHACKELFORD (OF THE HOME)	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma large bowel DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 1 week 10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1538			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 9-9-58 to May 27, 59 and last saw her alive on May 27, 59 Death occurred at 4 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. C. Sherman M O (Degree or title)		22b. ADDRESS 1151st Parkville, Mo	22c. DATE SIGNED 6-1-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 1, 1959	23c. NAME OF CEMETERY OR CREMATORY EAST SLOPE MEMORIAL GRDNS.	23d. LOCATION (City, town, or county) (State) PLATTE COUNTY, MISSOURI
24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS - No. K. C., Mo.		25. DATE RECD. BY LOCAL REG. June 1 - 1959	26. REGISTRAR'S SIGNATURE Alphie Rollins.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *John W. Kelsbeck*

Licensed Embalmer No. *4949*
P. O. Address *Mo. Kansas City*

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.