OURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

=61=020560
STATE FILE NUMBER

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 130

FILED JUN 20 1961

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Broseley 2½mi. S. — Length of stay in 1b: 36 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2½ mi. South — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Butler
c. CITY OR TOWN: Broseley — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 2½ mi. South — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Anna Middle: Eliza Last: Shackleford
4. DATE OF DEATH: Month: May Day: 29 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-15-1885
9. AGE (last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Gideon
13b. MOTHER'S MAIDEN NAME: Starks
14. NAME OF HUSBAND OR WIFE: Deceased
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: Mr. Bud Shackleford — Address: Rt.1 Broseley, 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) Cerebrovascular — INTERVAL BETWEEN ONSET AND DEATH: 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Encephalomalacia - Senile Dementia.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐
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 Feb 1957, to 29 May 61 and last saw her alive on 20 May 61
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) MD
22b. ADDRESS: 321 East Poplar Bloomfield Mo
22c. DATE SIGNED: 12 June 61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-31-1961
23c. NAME OF CEMETERY OR CREMATORY: Brown's Chapel
23d. LOCATION (City, town, or county) (State): Broseley, Missouri

24. FUNERAL DIRECTOR: Lloyd Russell ADDRESS: Piggott, Arkansas
25. DATE RECD. BY LOCAL REG.: 6/16/1961
26. REGISTRAR'S SIGNATURE: Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by Me, Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed: Gerald Hoggard

Licensed Embalmer No. Ark 1116

P. O. Address Doggett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.