

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037141

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 189

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0817

2 0760

3

4 0

5 2

6

7 0

8 2

9 4222

10

11 86-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 24 1963		
1. PLACE OF DEATH		
a. COUNTY <u>Phelps</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla</u> Length of stay in 1b _____		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McJannet's Nursing Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. STATE <u>MO</u> b. COUNTY <u>OSAGE</u>		
c. CITY OR TOWN <u>R.F.D. North of Blaine - Mo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Samuel</u> Middle <u>Jewis</u> Last <u>Shockley</u>		
4. DATE OF DEATH <u>Sept 13 - 1963</u> Month <u>Sept</u> Day <u>13</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>
8. DATE OF BIRTH <u>Sept 1 - 1886</u>		9. AGE (last birthday) <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>
11. BIRTHPLACE (City and state or country) <u>Osage County - Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>ISAIAH Shockley</u>		13b. MOTHER'S MAIDEN NAME <u>MINEVA CARTER</u>
14. NAME OF HUSBAND OR WIFE <u>(Deceased)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>NO</u>
16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>Mrs. Georgie Spurgeon</u> Address <u>Blaine Mo</u>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <u>Degenerative heart disease</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage (red)</u>		
DUE TO (c) <u>Empyema - left</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____ a.m. _____ p.m. Month, Day, Year _____	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 <u>6-10-63</u> to _____ and last saw ^{her} him alive on <u>9/13/63</u>		
Death occurred at <u>6:35</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>Rolla Mo</u>
22c. DATE SIGNED <u>9/15/63</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept 15 - 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blaine Union Cemetery - Blaine - Mo</u>
23d. LOCATION (City, town, or county) (State) _____		
24. FUNERAL DIRECTOR <u>Charles Deasman, Blaine - Mo</u>	25. DATE RECD. BY LOCAL REG. <u>9-15-63</u>	26. REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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 Christa Sassman

Licensed Embalmer No. 4178

P. O. Address Bland-tnw.

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.