

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13675**

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **110**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY COLE b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONITEAU c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TIPTON d. STREET ADDRESS (If rural, give location) 0680	
c. LENGTH OF STAY (in this place) 5 DAYS		d. FULL NAME OF HOSPITAL OR INSTITUTION CHARLES E. STILL HOSPITAL	

3. NAME OF DECEASED (Type or Print) a. (First) CORNELIUS b. (Middle) V. c. (Last) SHACKLEFORD			4. DATE OF DEATH (Month) (Day) (Year) APRIL 19 1953		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 19 Nov. 1889	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR: Months 5 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) TIPTON, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN CALVIN SHACKLEFORD	13b. MOTHER'S MAIDEN NAME ABIE MARY	14. NAME OF HUSBAND OR WIFE
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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) yes W.W.I.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Hattie M. Perkins	ADDRESS Tipton, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Collapse		INTERVAL BETWEEN ONSET AND DEATH 4341
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial failure DUE TO (c) congestive heart failure		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatism		

19a. DATE OF OPERATION 4/18/53	19b. MAJOR FINDINGS OF OPERATION Prostatic hypertrophy & acute retention	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/14**, 19**53**, to **4/19**, 19**53**, that I last saw the deceased alive on **4/19**, 19**53** and that death occurred at **8:45 A.M.**, from the causes and on the date stated above.

23. SIGNATURE R. D. Michael (Degree or title) DO.	23b. ADDRESS Jefferson City, Mo	23c. DATE SIGNED 4/19/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 23, '53	24c. NAME OF CEMETERY OR CREMATORY Church Cemetery	24d. LOCATION (City, town, or county) (State) TIPTON, Mo.
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DATE REC'D BY LOCAL REG. April 24-1953	REGISTRAR'S SIGNATURE R. P. Norris	25. FUNERAL DIRECTOR'S SIGNATURE Richard O. Conn	ADDRESS Tipton, Mo.
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OCT 16 1953

MAY 5 1953

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. 4703

working under my personal supervision.

Student
Student Embalmer

Signed Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Jupton, Mo

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 this body is not embalmed, fact should be so stated above.