

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8416**
Registrar's No. **055**

FILED APR 5 - 1957

BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 4203		State File No. 8416		Registrar's No. 055			
1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Grundy							
b. CITY OR TOWN Galt			c. LENGTH OF STAY (in this place) Life			c. CITY OR TOWN Galt 6408		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)							
3. NAME OF DECEASED (Type or Print) ALICE RHAEN SHOCKEY			a. (First)			b. (Middle)			c. (Last)		
4. DATE OF DEATH 3-29-1957			7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Oct 11 1887			9. AGE (In years last birthday) 69		
5. SEX F			6. COLOR OR RACE W			IF UNDER 1 YEAR: Months _____ Days _____			IF UNDER 1 HR.: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) 0 Humphreys Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Martin Johnson			13b. MOTHER'S MAIDEN NAME Jane Brown			14. NAME OF HUSBAND OR WIFE Joseph H Shocke					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. 500-07-4320			17. INFORMANT'S SIGNATURE OR NAME Joseph H Shocke ADDRESS Galt Mo					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medicine Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH 1 hour	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial				DUE TO (c) Hypertension & Myocardial						3 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										3-4 years	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input 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)		59.3X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from July , 19 50 , to March , 19 57 , that I last saw the deceased alive on 3-29-57 , and that death occurred at 12:30 am. , from the causes and on the date stated above.											
23a. SIGNATURE A. W. Fair (Degree or title) 2						23b. ADDRESS Galt Mo		23c. DATE SIGNED 3/30/59			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-2-57		24c. NAME OF CEMETERY OR CREMATORY Galt Cem.		24d. LOCATION (City, town, or county) (State) Galt Mo					
DATE REC'D BY LOCAL REG. 4-2-57		REGISTRAR'S SIGNATURE A. W. Fair			25. FUNERAL DIRECTOR'S SIGNATURE DR. Payne			ADDRESS Galt Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 8 1957

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 *P. A. Payne J.*

Licensed Embalmer No. *340*

P. O. Address *Galt*

**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.**