

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 1106

Primary Registration District No. 6

1. PLACE OF DEATH:

(a) County Dade Sac Twsp.  
(b) City or town Greenfield, Mo. Star 2  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community For life years, months or days

3. (a) PRINT FULL NAME Eva Ardena Shaw. 000  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Husband 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased June, 23, 1893  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>11</u>	<u>20</u>	hr. _____ min.

9. Birthplace Dade Co. Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation House keeping

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name W. L. Grisham  
18. Birthplace Dade Co. Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Josephine Montgomery  
15. Birthplace Dade Co. Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alva Shaw  
(b) Address Greenfield, Mo. Star 2  
17. (a) Burial (b) Date thereof Apr. 17, 40. (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenfield Cem.

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) April 20 1940 (b) Winnie King Ross (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade  
(c) City or town Greenfield, Mo. Star Rt. 2 (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13  
year 1940 hour 4 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to Accidental gun shot in right side.  
Due to removing a loaded gun from closet while house cleaning  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 217 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. W. Ward (M.D. or other) Coroner  
Address Greenfield Mo Date signed 4/13/40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 540-1325

Date Filed MAY 14 1940

**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.....

*J. W. Ward*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*J. W. Ward*

Licensed Embalmer No.....

*2832*

P. O. Address.....

*Greenfield, 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, above space should be left blank.