

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

15737

Registration District No. 1667

Primary Registration District No. 4111

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town La Monte
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether
 In this community 7.5 years.
 years, months or days)

3. (a) PRINT FULL NAME Lorenzo T. Shaud
 3. (b) If veteran, name war L
 3. (c) Social Security No. L

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Charveta Shaw
 6. (c) Age of husband or wife if alive 80 years
 7. Birth date of deceased May 22 1856
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 10 25 hr. min.

9. Birthplace Pettis County
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired merchant

11. Industry or business

MOTHER FATHER
 12. Name W. B. Shaw
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Susan Sussey Shaw
 15. Birthplace Tennessee
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. B. Shaw
 (b) Address El Paso Texas.

17. (a) Burial (b) Date thereof 4 19 40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation La Monte Mo

18. (a) Signature of funeral director B. F. Parker
 (b) Address La Monte Mo

19. (a) 4-18-40 (b) B. F. Parker
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
 (c) City or town La Monte
 (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 Apr day 17
 year 1940 hour 3 P.M. minute _____ M.
 21. I hereby certify that I attended the deceased from Apr 7
1940 to Apr 17 1940
 that I last saw him alive on Apr 17 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Edema lungs
 Duration 48 hrs

Due to Influenza

Due to _____

Other conditions (Include pregnancy within 3 months of death) 11/12

Major findings: Of operations _____
 Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. B. Walker (M. D. or other) M.D.
 Address La Monte Mo Date signed 4/18/40

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 important.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address Le Monto 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.