

STANDARD CERTIFICATE OF DEATH

Registration District **15**

Primary Registration District No. **6162**

Registrar's No. **145**

**159 JUL 15 1940**

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

I. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Wash. Township  
(If outside city or town limits, write "RURAL" and name of township)  
(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 62 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Curt N. Shaw MD

3. (b) If veteran, name war ✓ 8. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Shaw (c) Age of husband or wife if alive Out 1/2 years

7. Birth date of deceased Oct 9 1877  
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 16 If less than one day hr. min.

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

10. Usual occupation farming

11. Industry or business farming

12. Name Ruby Shaw

13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. H. Shaw

(b) Address Horton Missouri

17. (a) Burial (b) Date thereof 5/26/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Navato Burial Park

18. (a) Signature of funeral director Allen E. Hays

(b) Address Nevada Mo.

19. (a) 5-25-1940 (b) Allen E. Hays  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
(c) City or town Horton  
(If outside city or town limits, write "RURAL")  
(d) Street No. RR #1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1940 hour 9:30 minute 0 A.M.

21. I hereby certify that I attended the deceased from May 18  
1940 to May 27 1940;  
that I last saw him alive on May 24 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to ch arteriosclerosis

Due to \_\_\_\_\_

Other conditions 94 P  
(Include pregnancy within 3 months of death)

Major findings: None

Of operations \_\_\_\_\_

Of autopsy No

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? 795

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

23. Signature Allen E. Hays MD (M., D., or other) \_\_\_\_\_

Address Nevada Mo. Date signed 5-25-40

Duration

7 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 7  
District File Number 640/857  
Date Filed 6/25/48

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 Allen V. Kays  
Licensed Embalmer No. 1968  
P. O. Address Nevada 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.