

S. No. 300  
M-10-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29079

State File No. \_\_\_\_\_

FILED OCT 6 1948

Registration District No. 50

Primary Registration District No. 5179

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County Camden

(b) City or town Camdenton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: "Hide Away Cove" Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 5 years  
years, months or days

3. (a) PRINT FULL NAME Ryland B Shaw

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male

5. Color or race wh

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Modena Harris

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Feb 17 1891  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>7</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Paris, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming, Automobile

11. Industry or business Land Resort Business

12. Name James Shaw

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

14. Maiden name Mary Bowler

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

16. (a) Informant Modena Shaw

(b) Address Camdenton, Mo

17. (a) Burial St. Paul (b) Date thereof Sep 27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul

18. (a) Signature of funeral director Banks-Woolley

(b) Address Camdenton

19. (a) Sep 26 1948 (b) Zilpha Trout  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden

(c) City or town Camdenton  
(If outside city or town limits, write "RURAL")

(d) Street No. Lin Dr.  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 24  
year 1948 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from 9-23 to 9-24, 1948.

that I last saw him alive on 9-23, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to general toxemia of starvation

Due to Carcinoma of pharynx

Other conditions \_\_\_\_\_

Major findings: 459

Duration \_\_\_\_\_

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)

(c) Means of injury 2

23. Signature A. Del Atterberg (M. D. or other) MD

Address Camdenton, Mo Date signed 9-25-48

RECEIVED

District Health Officer No. 71

District File Number 9-48-115

Date Filed 11-5-08

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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 *Dorsey M. Howe*

Licensed Embalmer No. *4222*

P. O. Address *Lebanon 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.**