

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33780
Registrar's No. 260

Registration District No. 294

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 109 No. Morley Moberly Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME Georgian Shaw

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 Samuel Shaw 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased February 3 1878
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name Milton J. Durham
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cass Durham
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel Shaw
(b) Address 109 No. Morley Moberly Mo.
17. (a) Burial (b) Date thereof Oct. 20 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Eads Chapel Cmty.

18. (a) Signature of funeral director Snow Funeral Home
(b) Address 215 So 4th St. Moberly Mo.
19. (a) Oct 20 - 48 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Moberly - Missouri (b) County Randolph
(c) City or town Moberly (If outside city or town limits, write "RURAL")
(d) Street No. 109 No. Morley (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1948 hour _____ minute _____ P. M.
21. I hereby certify that I attended the deceased from Jan 19 48 to Oct 18 48
that I last saw her alive on Oct 18 48 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 2d

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations gsw
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 0

23. Signature W. G. Griffith (M. D. or P. M.)
Address Moberly Mo Date signed 10/19

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

MOTHER FATHER

18
6
3

88
6
3
0

RECEIVED

District Health Officer No. 10

District File Number 10-48-1829

Date Filed OCT 25 1948

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 C. L. Hutton

Licensed Embalmer No. # 4577

P. O. Address 315 So. Ark St. Macon

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.