

40  
300

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

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19306

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5476 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LINCOLN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - LINCOLN</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>SPICKARD ROUTE 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>NETTIE</u>	b. (Middle) <u>MAY</u>	c. (Last) <u>SHAW</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 21 1949</u>
-------------------------------------	--------------------------	------------------------	-----------------------	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>October 22 1865</u>	9. AGE (In years last birthday) <u>83</u>	# MONTHS <u>6</u>	# DAYS <u>29</u>	# HOURS <u></u>	# MIN. <u></u>
----------------------	-------------------------------	---	---	---	-------------------	------------------	-----------------	----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME MAKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>NEWARK, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	---

13a. FATHER'S NAME <u>John W. PARR</u>	13b. MOTHER'S MAIDEN NAME <u>Isabelle Trout</u>	14. NAME OF HUSBAND OR WIFE <u>FRED G Shaw (dec)</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS Hugh RENO</u>	ADDRESS <u>—</u>
---	----------------------------------	--	------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>  <u>few years</u>  <u>3.31X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>—</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
---------------------------------	---	---

21a. ACCIDENT SUICIDE (Specify) <u>NONE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>— — —</u>
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>— — — m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>
---	--	-------------------------------------

22. I hereby certify that I attended the deceased from May 15, 1949, to May 21, 1949, that I last saw the deceased alive on May 15, 1949, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. Houllers MD</u>	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>5-23-49</u>
--	--------------------------------	---------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>5/24/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOX CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Grundy Missouri</u>
--	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>5/23/49</u>	REGISTRAR'S SIGNATURE <u>Irene Jain</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>THE GIPSON FUNERAL HOME by Blackmore Trenton, Mo</u>
---	---	--



**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed J. Gordon Blackmore

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4602

P. O. Address Brenton, Missouri

**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.