

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36257

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>BARTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LIBERAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>LIBERAL</u>	
c. LENGTH OF STAY (in this place) <u>50 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>MARTIN</u> c. (Last) <u>SHAW</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 14 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 6, 1873</u>	9. AGE (In years last birthday) <u>75</u> If under 1 year: Months _____ Days _____ If under 2 hrs: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER, RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>NEAR SEDALIA MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>HARRISON SHAW</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH ANDON</u>	14. NAME OF HUSBAND OR WIFE <u>MABEL LOUELLA SHAW</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MABEL LOUELLA SHAW LIBERAL, MO.</u>
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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.	18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr 2 1/2 mo</u>  <u>334x</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>arterosclerosis, C. Nephritis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Similarity</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) <u>LIBERAL</u> (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>0</u>
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22. I hereby certify that I attended the deceased from 1949 to 11/14, 1949, that I last saw the deceased alive on 11/14, 1949, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J.R. Spell</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Liberal Mo.</u>	23c. DATE SIGNED <u>11/24/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV. 17, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NASHVILLE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>NASHVILLE, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Nov 28, 1949</u>	REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>	420 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Ellsworth Pittsburg</u>	ADDRESS <u>Kang</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6000

RECEIVED DEC 7 1948  
District Health Office No. 6,  
District File Number 1249-1309  
Date Filed 12-7-49

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.

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

Signed Robert A. Gancey  
Licensed Embalmer No. 2432

P. O. Address Pillsburg Kan

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.