

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5623

FILED FEB 27 1950

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Plummet</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Plummet</u>	
b. CITY (If outside corporate limits, write R.U.R.A. and give township) <u>Caruthersville</u>		c. CITY (If outside corporate limits, write R.U.R.A. and give township) <u>Caruthersville</u> 0-782	
c. LENGTH OF STAY (in this place) <u>8 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>210 East 4th st 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIJAH</u>	b. (Middle) <u>ANDREW</u>	c. (Last) <u>SHAW</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-15-1950</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May-8-1864</u>	9. AGE (in years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>7</u>	IF UNDER 4 HRS. Hours <u>7</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during month preceding death, or if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Saloon</u>	11. BIRTHPLACE (State or foreign country) <u>Memphis Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>John Shaw</u>	13b. MOTHER'S MAIDEN NAME <u>Sedelia Shaw</u>	14. NAME OF HUSBAND OR WIFE <u>Cora E Shaw</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Carl Frame</u>	ADDRESS <u>Caruthersville, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 mo</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial INSUFF. with FAILURE</u>			
ANTECEDENT CAUSES	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <u>Gen. Arteriosclerosis</u>		<u>4221</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) _____ (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?
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22. I hereby certify that I attended the deceased from JAN 4, 1950, to 19 Feb 1950 that I last saw the deceased alive on 14 Feb, 1950, and that death occurred at 11:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward L. Taylor</u> (Degree or title)	23b. ADDRESS <u>Steele Mo.</u>	23c. DATE SIGNED <u>14 Feb 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-17-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-23-1950</u>	REGISTRAR'S SIGNATURE <u>Treva B. Wilks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge and Co.</u>	ADDRESS <u>Caruthersville Mo.</u>
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PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

782

2-50-67

FEB 25 Recd

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 Neil C Dean

Signed _____
Student Embalmer

Licensed Embalmer No. 3941

P. O. Address Caruthersville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.