FILED NOV 25 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37806

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5785 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY: MISS	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: MO b. COUNTY: MISS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL c. LENGTH OF STAY (in this place):	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL 0070 D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BERTRAND R7D#1	d. STREET ADDRESS (If rural, give location): BERTRAND R7D#1

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) ELISHA c. (Last) SHAW

4. DATE OF DEATH (Month) (Day) (Year): 11-14-50

5. SEX: M O

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: Aug 4 1872

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET. FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): ALA.

12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME:

13b. MOTHER'S MAIDEN NAME:

14. NAME OF HUSBAND OR WIFE: MARY EMMA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME: ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the stomach — INTERVAL BETWEEN ONSET AND DEATH: Dark Known

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Occlusion of Common bile — 3 Mo.

DUE TO (c) duck by stone

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. 151X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

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):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/10, 1950, *to* 10/30, 1950, *that I last saw the deceased alive on* 10-30, 1950, *and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thomas C. McClure M.D.

23b. ADDRESS: Sikeston Mo.

23c. DATE SIGNED: 11-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 11-15-50

24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK

24d. LOCATION (City, town, or county) (State): SIKESTON Mo

DATE REC'D BY LOCAL REG.: 12-9-50

REGISTRAR'S SIGNATURE: Mrs Lex Kilgore 434 H.S.

25. FUNERAL DIRECTOR'S SIGNATURE: Welsh Funeral Home — ADDRESS: Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 24 REC'D
RECEIVED
Miss. Co. Health Dept
County File No.
Date Filed NOV 24 1950

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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student .....
Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston Mo

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.