

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11786

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hueton</u>	c. LENGTH OF STAY (If this place) <u>35yrs 19d</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>dk</u> <u>1800</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 1</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIS</u>	b. (Middle) <u>P</u>	c. (Last) <u>SHAW</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 1951</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>dk</u>	8. DATE OF BIRTH <u>dk</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u>dk</u> Min. <u>dk</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>dk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>dk</u>	11. BIRTHPLACE (State or foreign country) <u>dk</u>	12. CITIZEN OF WHAT COUNTRY? <u>dk</u>
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13a. FATHER'S NAME <u>dk</u>	13b. MOTHER'S MAIDEN NAME <u>dk</u>	14. NAME OF HUSBAND OR WIFE <u>dk</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>dk</u>	16. SOCIAL SECURITY NO. <u>dk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State Hos #1 records Hueton Mo</u>	ADDRESS <u>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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>proctolitis</u> DUE TO (c) <u>R. inguinal hernia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>6/1 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 6-12, 1950, to 5-3, 1951, that I last saw the deceased alive on 5-2, 1951, and that death occurred at 7 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Caldwell M.D.</u> (Degree or title)	23b. ADDRESS <u>State Hos Hueton Mo</u>	23c. DATE SIGNED <u>5-3-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-5-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>State Hosp. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 4-1951</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> 426	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. C. Weeks</u> ADDRESS <u>Fulton, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 7 1951

RECEIVED

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.