

S. No. 300  
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FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11991  
104

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>104</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Jefferson City</u>			c. LENGTH OF <u>54</u> (If applicable place) <u>Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>			<u>0264</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1902 N. Circle Drive</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leslie M. Shaw</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1951</u>				
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>March 1, 1891</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR <u>1</u> Months	IF UNDER 12 HRS. <u>18</u> Days	Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Businessman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>		11. BIRTHPLACE (State or foreign country) <u>Cantril Iowa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Matthew Shaw</u>		13b. MOTHER'S MAIDEN NAME <u>Evalina Kerr</u>		14. NAME OF HUSBAND OR WIFE <u>Lenna C. Shaw</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>336-16-3774</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lenna C. Shaw</u> ADDRESS <u>Jefferson City Mo.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Hypostatic pneumonia</u>  ANTECEDENT CAUSES DUE TO (b) <u>Fracture left hip</u> DUE TO (c) <u>Bilateral Spastic paralysis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe inanition and cachexia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>One week</u> <u>8 1/2 wks</u> <u>2 yrs</u> <u>1 1/2 yrs</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>121</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson City, Cole, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 8, 1951 10:55 P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Pt. fell in own bedroom, fracturing hip</u>			
22. I hereby certify that I attended the deceased from <u>Aug</u> , 19 <u>50</u> , to <u>April 17, 1951</u> , that I last saw the deceased alive on <u>April 17, 1951</u> , and that death occurred at <u>6:50 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Donald Shull M.D.</u>			23b. ADDRESS <u>229 1/2 E High St., Jefferson City, Mo.</u>		23c. DATE SIGNED <u>April 18, '51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 19, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>April 23, 1951</u>		REGISTRAR'S SIGNATURE <u>R. P. Darrin M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buescher</u> ADDRESS <u>Jefferson City, Mo.</u>			

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

*Sh...*

**RECEIVED** 4-26-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 4-26-51 .....

**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 .....

working under my personal supervision.

Student Embalmer No. ....

Signed *Victor Buescher* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *3701* .....

P. O. Address *Jefferson City, Mo.* .....

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.