

FILED AUG 31 1951

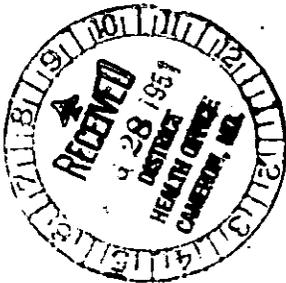
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26683**

BIRTH NO. _____		REG. DIST. NO. <u>134</u>		PRIMARY REG. DIST. NO. <u>4209</u>		Registrar's No. <u>15</u>			
1. PLACE OF DEATH a. COUNTY <u>Harrison: 0410</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Moriah,</u>		c. LENGTH OF STAY (in this place) <u>All life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Moriah, Missouri. 0410</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Matilda</u>			b. (Middle) <u>Jane</u>		c. (Last) <u>Shaw</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 9 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 25, 1879</u>		9. AGE (In years last birthday) <u>72</u>	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) <u>Homemaker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison Co., Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Larkin A. Wooderson</u>			13b. MOTHER'S MAIDEN NAME <u>Mariah Chambers</u>			14. NAME OF HUSBAND OR WIFE <u>Joseph Thomas Shaw.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Thomas Shaw</u>				ADDRESS <u>Mt. Moriah, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>							
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>							
		DUE TO: (b) _____							
		DUE TO: (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.) <u>Evening</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Jan 12, 1949, to Aug 9th, 1951</u> , that I last saw the deceased alive on <u>Aug 5th, 1951</u> , and that death occurred at <u>1:05 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Ed Sellers</u>			23b. ADDRESS <u>Mt. Moriah, Missouri.</u>			23c. DATE SIGNED <u>8/9/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/11/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>RFD Mt. Moriah, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Aug 14, 1951</u>		REGISTRAR'S SIGNATURE <u>S. Pha Shaw</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Cainsville, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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



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, gr/lys/

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.