S. No. 300
v. 10.48

0860
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34667

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY: PUTNAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIONVILDE
c. LENGTH OF STAY (in this place): ABOUT 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MONROE HOSPITAL and CLINIC

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PUTNAM 0860
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIONVILLE 0
d. STREET ADDRESS (If rural, give location):

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

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 12, 1951

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2

8. DATE OF BIRTH: SEPTEMBER 28, 1871

9. AGE (In years last birthday): 80
If under 1 year: Months: 0 Days: 14
If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): "RETIRED" FARM OWNER

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): SULLIVAN COUNTY INDIANA 1

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: BENJAMIN SHAW

13b. MOTHER'S MAIDEN NAME: MARGARET ARNETT

14. NAME OF HUSBAND OR WIFE: MOLLIE SHAW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO

16. (If yes, give war or dates of service): NO

SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS. CHARLEY HAIGHLER UNIONVILLE, MO.

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) Hydronephrosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b) Chronic Cystitis

DUE TO (c) Chronic prostatitis

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: 6 11 X

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* 10-1, 1951, *to* 10-12, 1951, *that I last saw the deceased alive on* 10-12, 1951, *and that death occurred at* 3:30P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. W. McDonald DO

23b. ADDRESS: Monroe City Mo

23c. DATE SIGNED: 10-14-51

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

24b. DATE: 10/14/51

24c. NAME OF CEMETERY OR CREMATORY: ST. JOHN CEMETERY

24d. LOCATION (City, town, or county) (State): LIVONIA, PUTNAM COUNTY MO.

DATE REC'D BY LOCAL REG.: 10-22-51

REGISTRAR'S SIGNATURE: Marvell Durbin 266 0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: COMSTOCK FUNERAL HOME BY John N. Comstock UNIONVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

Date Received: OCT 29 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1901
Date Filed: OCT 29 1951

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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, Mo.

Signed.....
Student Embalmer

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.