

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24297

State File No.

FILED AUG 12 1952

BIRTH NO.		REG. DIST. NO. <u>139</u>		PRIMARY REG. DIST. NO. <u>5537</u>		Registrar's No. <u>59</u>		
1. PLACE OF DEATH a. COUNTY <u>Holt</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty Twp.</u>			c. LENGTH OF STAY (in days) <u>70 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty Twp. 0440</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Skidmore, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Near Skidmore</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>Davis</u>		c. (Last) <u>Shaw</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 6, 1952</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>Feb. 7, 1879</u>		
9. AGE (In years last birthday) <u>73</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>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Fairview, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Issac Shaw</u>			13b. MOTHER'S MAIDEN NAME <u>Lucille Jones</u>			14. NAME OF HUSBAND OR WIFE <u>Hazel 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 ADDRESS <u>Mrs. Hazel Shaw, Skidmore, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach, metastatic</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Liver.</u> INTERVAL BETWEEN ONSET AND DEATH <u>20 or 3 years</u> <u>3 months.</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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.)		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>June 22, 1952</u> , to <u>August 6, 1952</u> , that I last saw the deceased alive on <u>August 6, 1952</u> , and that death occurred at <u>2:00A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. R. Peterson D.O.</u>				23b. ADDRESS <u>Skidmore, Mo.</u>		23c. DATE SIGNED <u>8-7-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/8/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>K.P. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Maitland, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-8-1952</u>		REGISTRAR'S SIGNATURE <u>James H. Crawford</u> 46470		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Crawford</u>		ADDRESS <u>Mound City, Mo.</u>		

0440

WRITE PLAINLY—USING UNEADING 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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James F. Crawford

Licensed Embalmer No. 4796

P. O. Address Mound 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.