

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32167

FILED SEP 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>418</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jonlin</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Galena</u>		d. STREET ADDRESS (If rural, give location) <u>1014 Galena Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospitle</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 14, 1953</u>			
3. NAME OF DECEASED (Type or Print) <u>Jane</u>		a. (First) <u>N.</u>		b. (Middle) <u>Shaw</u>		c. (Last) <u>Shaw</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 11-1870</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Peoria Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Spencer Lane</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Shaw Hanks</u>		14. NAME OF HUSBAND OR WIFE <u>Andrew J. Shaw</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James O. Shaw</u>		ADDRESS <u>Galena, Kan.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> ANTECEDENT CAUSES Morbid 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>Sensitivity</u> 10 yrs -					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		1561		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 _____, 19 <u>47</u> , to <u>14 Sept</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>14 Sept</u> , 19 <u>53</u> , and that death occurred at <u>3:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert J. Powell</u>				(Degree or title) <u>MD</u>		23b. ADDRESS <u>Galena, Kansas</u>	
23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal & Burial 9-16-1953</u>		24b. DATE <u>9-16-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Galena Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Roy L. Derfelt</u>		ADDRESS <u>Galena, Kansas</u>			

(Licensed Embalmer's Statement on Reverse Side)

1132

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

SEP 21 1953

RECEIVED

Jasper County Health Office

County File Number 53-9-1361 765

Date Filed SEP 21 1953

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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 28891

P. O. Address Bailey Sts Ka

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.