

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41856

State File No. 38

FILED DEC 1-1953

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>6179</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pollock</u> d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gerald</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Shaw</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>11-16-1953</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>5-28-1907</u>	
9. AGE (In years last birthday) <u>46</u>		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <u>5-18</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sullivan Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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>Farmer</u>		13a. FATHER'S NAME <u>Geo. H. Shaw</u>		13b. MOTHER'S MAIDEN NAME <u>Anna E. Sevier</u>	
13c. NAME OF HUSBAND OR WIFE <u>Dorothy Morlan</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		15. SOCIAL SECURITY NO. _____		16. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Shaw</u> ADDRESS <u>Pollock-Mo</u>	
17. 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>angina pectoris</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 18. DATE OF OPERATION _____				19. MAJOR FINDINGS OF OPERATION _____			
19a. DATE OF OPERATION _____				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) <u>4201</u>		21d. HOW DID INJURY OCCUR? _____	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Aug 18, 1953</u> , to <u>11-16, 1953</u> , that I last saw the deceased alive on <u>11-16, 1953</u> , and that death occurred at <u>5 PM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Simpson</u>				23b. ADDRESS <u>Wilcox</u>		23c. DATE SIGNED <u>11-20-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-18-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lat. Zion Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Sullivan Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 23-1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Harris</u>		ADDRESS <u>Wilcox Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

VS NOV 3 1960

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 _____

Dwight Schoene

Licensed Embalmer No. *2667*

P. O. Address *Milan - 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.