

STANDARD CERTIFICATE OF DEATH

State File No. 25109

FILED JUL 26 1955

BIRTH NO. REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Warren			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Warren		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton		c. LENGTH OF STAY (in this place) 40 yrs.	c. CITY OR TOWN Warrenton		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION North 47			e. STREET ADDRESS (If rural, give location) North 47 10905		
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) R. c. (Last) Shaw			4. DATE OF DEATH (Month) (Day) (Year) July 17, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 15, 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 6
					IF UNDER 6 HRS. Days 2 Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (City and State or Foreign Country) Warren County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Sid Shaw		13b. MOTHER'S MAIDEN NAME Warne Gant		14. NAME OF HUSBAND OR WIFE Nettie Shelton Shaw	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 487-30-5613	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nettie Shaw, Warrenton, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anteriorly Heart Disease	DUE TO (c) Sudden Arteriosclerosis			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Causes of June 5				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION abd aortic aneurysm 4200				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)	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 7-12, 1955, to 7-17, 1955, that I last saw the deceased alive on 7-12, 1955, and that death occurred at 10 a. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or Title) Lloyd Logan			23b. ADDRESS Warrenton Mo		23c. DATE SIGNED 7-18-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-20-55	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Warrenton, Mo.		
DATE REC'D BY LOCAL REG 7-20-55	REGISTRAR'S SIGNATURE Lloyd Logan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Nieburg & Co., Warrenton, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

10. 48

DEC 23 1957

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.....
Signature of Student Embalmer

Signed.....

John Thieburg

Licensed Embalmer No... 38

P. O. Address *Warrenton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.