No. 300
10.48

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

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2430

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 4443 Registrar's No. 181

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Huntsville
c. LENGTH OF STAY (in this place): 8 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Winkler Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN: Moberly
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 423 N. Ault

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

4. DATE OF DEATH (Month) (Day) (Year): Jan - 7 - 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov.-11-1878
9. AGE (In years last birthday): 77 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Huntsville Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Stephen Shaw
13b. MOTHER'S MAIDEN NAME: SALLIE H. ANCELL
14. NAME OF HUSBAND ~~OR WIFE~~: Joseph Samuel Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Lester Shaw Moberly
ADDRESS: 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) Inanition & Debilitation — INTERVAL BETWEEN ONSET AND DEATH: 1 MO.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Degeneration — years.
DUE TO (c) Arteriosclerosis — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Paralysis Agitans — years.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
4221
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* Aug, 1952, *to* Jan 7, 1956, *that I last saw the deceased alive on* Jan 7, 1956, *and that death occurred at* 10.20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Morris C. Epley DO
23b. ADDRESS: Huntsville Mo.
23c. DATE SIGNED: 1-9-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan-9-1956
24c. NAME OF CEMETERY OR CREMATORY: Eads Chapel Cemetery
24d. LOCATION (City, town, or county) (State): S.W. of Jacksonville Mo.

DATE REC'D BY LOCAL REG.: 1-29-56
REGISTRAR'S SIGNATURE: Mary H Beutley
25. FUNERAL DIRECTOR'S SIGNATURE: Cater Funeral Home
ADDRESS: Moberly Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 8 - 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ....R. M. Cater....

Licensed Embalmer No. 4117

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.