

FILED MAR 5 1956

STANDARD CERTIFICATE OF DEATH

State File No. 4481

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5479 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BRIMSON (TAYLOR)</u>		c. LENGTH OF STAY (In this place)	- c. CITY OR TOWN <u>BRIMSON</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family Home</u>			e. STREET ADDRESS (If rural, give location) <u>None</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosella</u> b. (Middle) _____ c. (Last) <u>Shaw</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 24 1956</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 10 1875</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Bethany, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Richard Lawrence</u>		13b. MOTHER'S MAIDEN NAME <u>Georgana Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK SHAW</u>	
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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>FRANK SHAW</u> ADDRESS <u>BRIMSON, MO</u>		
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of uterus</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>One year?</u>
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Jan 1, 1956, to Feb. 24, 1956, that I last saw the deceased alive on: Feb 24, 1956, and that death occurred at 11:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Kessler</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Trenton, Mo.</u>	23c. DATE SIGNED <u>Feb 25 - 1956</u> (State) _____
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 27 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Willis Chapel Cemetery</u>	24d. LOCATION (City, town, or county) <u>R.F.D. Brimson, Mo.</u> (State) _____
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DATE REC'D BY LOCAL REG. <u>2-27-56</u>	REGISTRAR'S SIGNATURE <u>Deene Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gordon Bleckman</u> ADDRESS <u>Trenton, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. C.H. Culler.

(Licensed Embalmer's Statement on Reverse Side)

MAR 12 1956

JUL 30 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 *Harold H. Rabert*

Licensed Embalmer No. *499*

P. O. Address *Trouton*

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.