

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12180

FILED APR 9 - 1956

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4557</u>		Registrar's No. <u>15</u>		
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>				
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>mt Grove</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>mt Grove</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				e. STREET ADDRESS (In rural, give location) <u>702 W 1st St 1146</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Francisco</u> b. (Middle) <u>E.</u> c. (Last) <u>Shaw</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-27-56</u>					
5. SEX <u>Male</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (8-1957) <u>Married</u>		8. DATE OF BIRTH <u>8-30-1873</u>		
9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>7</u>		11. DAYS <u>7</u>		IF UNDER 1 YEAR Hours Min		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Wright Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Emerit Shaw</u>			13b. MOTHER'S MAIDEN NAME <u>Nester Waggoner Ann Shaw</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>Mo</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ann Shaw mt Grove</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic Arteriosclerosis Hypertension</u> <u>Coronary Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3-25-56</u> <u>Not known</u> <u>Not known</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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 <u>12-10</u> , 19 <u>55</u> , to <u>3-27</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-25</u> , 19 <u>56</u> , and that death occurred at <u>10:30</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. Connor</u>				23b. ADDRESS <u>Mountain View Mo</u>		23c. DATE SIGNED <u>3-28-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-30-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>mt Grove Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-31-56</u>		REGISTRAR'S SIGNATURE <u>A. V. Ames</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Grable. Wink mt Grove</u>				

(Licensed Embalmer's Statement on Reverse Side)

County File Number
Date Filed APR 6 1956

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 *Frank Graber*

Licensed Embalmer No. 41

P. O. Address *Sutton*

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