

FILED JAN 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42321

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Lemmer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Lemmer</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ray</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Caruthersville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>Lamar Memorial</u> Length of stay in lb <u>16 hrs</u>		d. STREET ADDRESS <u>303 1/2 13th St</u> (If on Farm, give location) <u>880 Farm</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Willie</u> First <u>L</u> Middle <u>Shaw</u> Last		4. DATE OF DEATH <u>12 27 56</u> Month Day Year	
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-20-1926</u>
9. AGE (In years of birthday) <u>29</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>1</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></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>Caruthersville Farm</u>	
11. BIRTHPLACE (City and state of country) <u>Brownville Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Henry Shaw</u>		14. MOTHER'S MAIDEN NAME <u>Sosie Cliff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY (NO.) <u>592X</u>	
17. INFORMANT <u>John H. Shaw, Jr.</u> Address <u>Brownville Tenn</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Adrenal Shutdown</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Uremia, marked Acidosis</u> DUE TO (c) <u>Chronic Glomerulonephritis</u>	
19. INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>12-26-56</u> to <u>12-27-56</u> and last saw <u>him</u> alive on <u>12-26-56</u> . Death occurred at <u>6:55 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Eugene P. Shoukan M.D.</u>		22b. ADDRESS <u>Caruthersville, Missouri</u>	
22c. DATE SIGNED <u>12-27-56</u>		23. LOCATION (City, town, or county) (State) <u>Brownville Tenn</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12-27-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Brownville Tenn</u>
24. FUNERAL DIRECTOR <u>Brownville Funeral Home</u> ADDRESS <u>Brownville Tenn</u>	25. DATE RECD. BY LOCAL REG. <u>12-30-56</u>	25. REGISTRAR'S SIGNATURE <u>John H. German</u>	

-USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs of any diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

1-8-57

JAN 8 1957

VS FEB 26 1960

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JAN 8 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 *[Handwritten Signature]*

Licensed Embalmer No. *24*

P. O. Address *[Handwritten Address]*

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.