

4 hours delay

1th, before vice

0 57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FILED JAN 20 1958

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 136

1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp		d. STREET ADDRESS (If outside, give location) 1109 Near Merriweather St	
3. NAME OF DECEASED (Type or print) First Laura Middle Bell Last Shaw		4. DATE OF DEATH Month Jan Day 10 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 8, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY General	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. 68
11. BIRTHPLACE (City and state or country) New Burnside Illinois USA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wm c Toler		13b. MOTHER'S MAIDEN NAME Tobitha Walker	
14. NAME OF HUSBAND OR WIFE James R Shaw		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 486-32-5156		17. INFORMANT James R Shaw Cape Girardeau Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis. DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus, congestive failure.			INTERVAL BETWEEN ONSET AND DEATH 17 hours.
19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.	
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 Nov. 17 - 53 to Jan 10, 58 and last saw her alive on Jan 10, 1958 Death occurred at 6:50 PM on the date stated above; and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 1-13-58	
22a. SIGNATURE (Degree or title) Charles E. Tolson M.D.		22b. ADDRESS 714 Broadway Cape Girardeau Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan, 13, 1958	
23c. NAME OF CERETERY OR CREMATORY Memorial Park Cemt		23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo	
24. FUNERAL DIRECTOR Haman's Funeral Home Cape Girardeau		25. DATE RECD. BY LOCAL REG. 1-18-58	
26. REGISTRAR'S SIGNATURE Elizabetha Summers Dep			

SEP 8 1958

MAR 26 1958
FEB 27 1958

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 

Licensed Embalmer No. 2863
P. O. Address Cape Girardeau

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.