

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000138
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>14</u>		PRIMARY REG. DIST. NO. <u>4028</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>BARTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LIBERAL</u>		c. LENGTH OF STAY (in this place) <u>15 YEARS</u>		c. CITY OR TOWN <u>LIBERAL</u>		d. 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>LIBERAL, MO.</u>				e. STREET ADDRESS (If rural, give location) <u>NO STREET ADD.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MABEL</u>		b. (Middle) <u>LOUELLA</u>		c. (Last) <u>SHAW</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY, 29, 1959</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	
8. DATE OF BIRTH <u>JULY-31-1878</u>		9. AGE (In years last birthday) <u>80</u>		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) <u>HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BARTON COUNTY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>EDWARD WINSTEAD</u>		13b. MOTHER'S MAIDEN NAME <u>ADA PRUNK</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPH M. SHAW.</u>			
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>FRED O. SHAW, LIBERAL, MISSOURI.</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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>			
		ANTECEDENT CAUSES <u>Thrombolic Encephalomalacia</u>		DUE TO (b) <u>Prolonged Recumbency</u>		<u>1 1/2 to 2 yrs.</u>	
		DUE TO (c) <u>Generalized Arteriosclerosis</u>		<u>5 yrs.</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obstructive Jaundice, Transient, due to extension of 10 days.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Enteritis to common bile duct.</u>		20. AUTOPSY? <u>332X</u>		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>JUNE 15, 1949</u> , to <u>JAN. 29, 1959</u> , that I last saw the deceased alive on <u>JAN. 28, 1959</u> , and that death occurred at <u>2:30A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Memroe Kneeland, M.D.</u>				23b. ADDRESS <u>LIBERAL, MISSOURI.</u>		23c. DATE SIGNED <u>Jan 30, 1959</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB-2-1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NASHVILLE, CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>NASHVILLE, MISSOURI.</u>	
DATE REC'D BY LOCAL REG <u>Jan 30 1959</u>		REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. ELLSWORTH</u>		ADDRESS <u>PITTSBURG, KANSAS.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1921 NOV 24

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

LENA CURRIE
Signed *Lena Currie*

Licensed Embalmer No. 2048

P. O. Address PITTSBURG, KANSAS

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.