

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005272

STATE FILE NUMBER

FILED MAR 16 1959

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Trenton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bethany</u> 0411 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wright Man.</u>		Length of stay in lb <u>2 day</u>	d. STREET ADDRESS (If outside, give location) <u>1608 W. Main</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Russell Shaw</u>			4. DATE OF DEATH Month Day Year <u>3-4-59</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-9-1881</u>
9. AGE (In years last birthday) <u>77</u>		FUNDER 1 YEAR Months Days Hours Min. <u>2 25</u>	IF UNDER 24 HRS.
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></u>	11. BIRTHPLACE (City and state or country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Sylvester Shaw</u>	
13b. MOTHER'S MAIDEN NAME <u>Concretia Akers</u>		14. NAME OF HUSBAND OR WIFE <u>Bulah Shaw</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-424736</u>	17. INFORMANT <u>Bulah Shaw</u> Address <u>Bethany Mo.</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>Acute Intestinal Obstruction</u> DUE TO (b) <u>Adhesions from old peritonitis</u> DUE TO (c) <u>Enterotomy 1955</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Was explored 3-4-59</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>333</u>	
21. I attended the deceased from <u>3-2-59</u> to <u>3-4-59</u> and last saw her alive on <u>3-4-59</u> Death occurred at <u>9:00 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Oliver F. Duff, M.D.</u>		22b. ADDRESS <u>Trenton Mo</u>	
22c. DATE SIGNED <u>March 9th 1959</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>2-4-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Masonic (Gilman)</u>	
23d. LOCATION (City, town, or county) (State) <u>Gilman City Mo.</u>		24. FUNERAL DIRECTOR <u>Max Isaac</u> ADDRESS <u>Bethany Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>3-8-59</u>		26. REGISTRAR'S SIGNATURE <u>Deenie Fair</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *MB Haas*

Licensed Embalmer No. *3899*
P. O. Address *Bethany Mo.*

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.