

FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037223

FILED VS NOV 2 1959

294

Registration District No. Primary Registration District No. 3056 Registrar's No. 230

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Length of stay in 1b 9 months		c. CITY OR TOWN Missouri City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wabash Employes' Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) P. O. Box 53		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIE Middle EARL Last SHAW			4. DATE OF DEATH Month October Day 16 Year 1959					
5. SEX Male	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 12/8/1896	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Foreman, Retired			10b. KIND OF BUSINESS OR INDUSTRY Wabash RR Company		11. BIRTHPLACE (City and state or country) U. S. A.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Sam Shaw			13b. MOTHER'S MAIDEN NAME Georgeanna Durham			14. NAME OF HUSBAND OR WIFE Geraldine Shaw - Wife		
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. 702-05-9143		17. INFORMANT Address P. O. Box 53 Missouri City, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Heart Failure							Immediate	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							Months(?)	
DUE TO (b) Anemia and General Debility							9 Months	
DUE TO (c) Hemolytic Staphylococcus								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (1) Fracture of left femur with open reduction and fixation (2) Hypertension, with cerebral hemorrhage and left hemiplegia, 1955.							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.) Patient fell on or about 1/6/59.				
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> 1/6/59								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Missouri City,		COUNTY Clay, Missouri		STATE Missouri
21. I attended the deceased from Jan. 14, 1959 to Oct. 16, 1959 and last saw <input checked="" type="checkbox"/> him alive on Oct. 9, 1959 . Death occurred at 9:37 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>L. K. McMurtry, M.D.</i>				22b. ADDRESS Wabash Employes' Hospital Moberly, Missouri		22c. DATE SIGNED 10/17/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct-18-1959	23c. NAME OF CEMETERY OR CREMATORY Grand Prairie Cemetery		23d. LOCATION (City, town, or county) Cairo MO.		23e. STATE MO.		
24. FUNERAL DIRECTOR Cater Funeral Home - 215 S. 4th Moberly, Missouri				25. DATE RECD. BY LOCAL REG. 10-18-59		26. REGISTRAR'S SIGNATURE <i>Lea Berlowe</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address *Moberly 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.