

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004960

FILED VS MAR 14 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 61 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Adair			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		Length of stay in 1b	c. CITY OR TOWN Kirkville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at Home Benton Twp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Benton Twp. Rt 3		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Aaron Middle G. Last Shaw			4. DATE OF DEATH Month March Day 5 Year 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/10/1887	9. AGE (last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common labor		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Putnam Co., Mo		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Henry Clay Shaw		13b. MOTHER'S MAIDEN NAME Elizabeth Tietzort		14. NAME OF HUSBAND OR WIFE Nora Smith 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. 37 707 5535 A	17. INFORMANT Address Mrs. Nora Shaw, Kirkville, 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) Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH Instant	
DUE TO (b) Coronary Atherosclerosis					?	
DUE TO (c) _____					_____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____						
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 Oct 2, 1959 and last saw him alive on March 5, 1960 Death occurred at 2:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE A. J. Rhoads, DO. (Degree or title)			22b. ADDRESS Kirkville, Mo.		22c. DATE SIGNED 3/7/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/8/60	23c. NAME OF CEMETERY OR CREMATORY Pleasant Home Cemetery		23d. LOCATION (City, town, or county) (State) Putnam Co., Mo.		
24. FUNERAL DIRECTOR Paul W. Piley ADDRESS Kirkville, Mo.		25. DATE RECD. BY LOCAL REG. 3-9-1960	26. REGISTRAR'S SIGNATURE Doris W. Rathff			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

A. T. RHODES, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard P. Ellis

Licensed Embalmer No. 5036

P. O. Address Kirkville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.