

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035706

FILED VS SEP 20 1960

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 2057 Registrar's No. 316

ENDED

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PETTIS</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WAMONTE</u>		Length of stay in lb <u>60 YRS</u>		c. CITY OR TOWN <u>WAMONTE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SOUTH MAIN ST.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>VESTA</u> Middle <u>LEONA</u> Last <u>SHAW</u>				4. DATE OF DEATH Month <u>9</u> Day <u>12</u> Year <u>1960</u>									
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10-13-1897</u>		9. AGE (last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER.</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>WAMONTE MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>WESLEY SHAW</u>				13b. MOTHER'S MAIDEN NAME <u>MARY J. CARPENTER</u>				14. NAME OF HUSBAND OR WIFE					
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 Address <u>MRS EDNA SWOPE WAMONTE 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 myocardial infarction - 5 min.</u> DUE TO (b) <u>Thrombotic Epilepsy</u> <u>18 hrs.</u> DUE TO (c) <u>Cerebral Arteriosclerosis</u> <u>10 days.</u>										INTERVAL BETWEEN ONSET AND DEATH			
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 checked="" 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 <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>		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 <u>9-12-60</u> to <u>9-12-60</u> and last saw her <u>live</u> on <u>9-12-60</u> . Death occurred at <u>9:00</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>[Signature]</u> (Degree or title)						22b. ADDRESS <u>[Address]</u>			22c. DATE SIGNED <u>9-13-60</u>				
23a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>9-14-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>WAMONTE CEMETERY</u>			23d. LOCATION (City, town, or county) (State) <u>WAMONTE MO</u>						
24. FUNERAL DIRECTOR <u>Paul M. Moore - La Monte Mo</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>9-14-1960</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte M

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.