

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 28 1960 360

-60-048536

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 6225 Registrar's No. 248

1. PLACE OF DEATH a. COUNTY <i>Vernon</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Barton</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington Township</i>		Length of stay in 1b <i>37 years</i>	c. CITY OR TOWN <i>Liberal</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>State Hospital # 3</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>none</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Eva</i> Middle <i>E</i> Last <i>Shaw</i>			4. DATE OF DEATH Month <i>December</i> Day <i>9</i> Year <i>1960</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2/18/1900</i>	9. AGE (last birthday) <i>60</i>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Liberal Missouri</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>		
13a. FATHER'S NAME <i>William Luther Shaw</i>		13b. MOTHER'S MAIDEN NAME <i>Emma C.</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT Address <i>St. Hospital Records Nevada, Mo.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Vessel Disease</i>					INTERVAL BETWEEN ONSET AND DEATH <i>years</i>	
DUE TO (b) <i>Atheromatous Sclerosis</i>					<i>years</i>	
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Dementia Praecox, Catatonic</i>					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 _____ 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 <i>8-9-23</i> to <i>12-9-60</i> and last saw her/him alive on <i>12-9-60</i> Death occurred at <i>8:00 pm</i> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>E. Allen Pickers</i> (Degree or title) <i>M.D.</i>			22b. ADDRESS <i>St. Hosp. # 3 Nevada Missouri</i>		22c. DATE SIGNED <i>12-10-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12/12/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Newton Burial Park</i>	23d. LOCATION (City, town, or county) (State) <i>Nevada Missouri</i>			
24. FUNERAL DIRECTOR ADDRESS <i>Eichinger Funeral Home Nevada Missouri</i>			25. DATE RECD. BY LOCAL REG. <i>12-24-1960</i>	26. REGISTRAR'S SIGNATURE <i>Arnal & Jerry</i>		

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 _____

Rexy F. Milster

Licensed Embalmer No. 4805

P. O. Address Nevada, N.

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.