MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-015906
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 57

FILED MAY 1 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0570
2 0702
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4 0
5 1
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7 0
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12 1-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Troy — Length of stay in Hospital: Abt 15 Hrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Lincoln Memorial — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Montgomery
c. CITY OR TOWN: Bellflower — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Thomas — Middle: Arthur — Last: Shaw.

4. DATE OF DEATH: Month: April — Day: 25 — Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ **Never Married** ☐ **Widowed** ☐ **Divorced** ☐

8. DATE OF BIRTH: 10-17-1884

9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months: — Days: — IF UNDER 24 HR: Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: General Duties

11. BIRTHPLACE (City and state or country): Lincoln Co Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Marcus Henry Shaw

13b. MOTHER'S MAIDEN NAME: Emma Jane Colbert

14. NAME OF HUSBAND OR WIFE: Josaphine 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.: None

17. INFORMANT: Mrs Josaphine Shaw — Address: Bellflower Mo

MEDICAL CERTIFICATION

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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Cardio - Renal Vascular Disease
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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 ☐ NOT WHILE AT WORK ☐

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 4/24/62 to 4/25/62 and last saw ~~him~~ her alive on 4/25/62
Death occurred at 6:20 a.m. p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J C Caseck MD

22b. ADDRESS: Troy, Mo

22c. DATE SIGNED: 4/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4-27-1962

23c. NAME OF CEMETERY OR CREMATORY: Bellflower

23d. LOCATION (City, town, or county) (State): Bellflower Missouri

24. FUNERAL DIRECTOR — ADDRESS: Oland A. Jones Bellflower Mo.

25. DATE RECD. BY LOCAL REG.: 4-25-1962

26. REGISTRAR'S SIGNATURE: Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

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 _____ Me _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Oland A Jones

Signature of Student Embalmer

Licensed Embalmer No. 2978

P. O. Address Bellwlower 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.