

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043184

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 209

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 29 1962	
1. PLACE OF DEATH a. COUNTY Jasper b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City Length of stay in 1b 23 Days c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Hosp. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper c. CITY OR TOWN Webb City, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS R. 1 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last Ronald Lee Shaw	
4. DATE OF DEATH Month Day Year November 25, 1962	
5. SEX M	6. COLOR OR RACE W
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 12/19/1939	
9. AGE (last birthday) 22	
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) Electrical Tech.	
10b. KIND OF BUSINESS OR INDUSTRY Fairchilds	
11. BIRTHPLACE (City and state or country) Webb City, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Lester Shaw	
13b. MOTHER'S MAIDEN NAME Ione Gooding	
14. NAME OF HUSBAND OR WIFE Karen Shaw	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes U.S. Navy	
16. SOCIAL SECURITY NO.	
17. INFORMANT Address 2 Ione Owen, R.2, Carthage, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Failure DUE TO (b) Metastatic Carcinoma DUE TO (c) Melanoma on Back Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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 checked="" type="checkbox"/> NO <input 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 Month, Day, Year s.m. p.m.	
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 11-2-62 to 11-25-62 and last saw her/him alive on 11-25-62 Death occurred at 3:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Wm. Webb Gale DO	
22b. ADDRESS 924 W. Daugherty Webb City,	
22c. DATE SIGNED 11-26-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 11/27/62	
23c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery	
23d. LOCATION (City, town, or county) (State) Webb City, Mo.	
24. FUNERAL DIRECTOR ADDRESS Hedge-Lewis Funeral Home Webb City, Mo.	
25. DATE RECD. BY LOCAL REG. 11-27-62	
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

VS 300 Rev. 4/59
 1/495
 2/490
 3
 4 0
 5 1
 6
 7 0
 8 1
 9/90.5
 10
 11
 12 1-2
 13 1-0
 USE BLACK INK OR TYPEWRITER RIBBON

NOV 29 1962

DEC 27 1962

DEC 10 1962
MAR 20 1963

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 Richard H. Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.