

S. No. 2  
M-8-43  
5-17-39  
1 x 7823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35391

Registrar's No. 175

Registration District No. 360

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County Vernon -

(b) City or town Nevada -  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1002 S. College (home)  
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 3 yrs -  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo - (b) County Vernon 108

(c) City or town Nevada  
(If outside city or town limits, write "RURAL")

(d) Street No. 1002 S. College  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Stedley Price Shaw

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 28, 1861  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30th year 1948 hour 1 minute 35A.M.

21. I hereby certify that I attended the deceased from Oct 28, 1948 to Oct 30, 1948 that I last saw him alive on Oct 28, 1948 and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 0 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pettis Co - Mo - 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Dispatcher

Immediate cause of death Cerebral Hemorrhage Duration Oct 28/48

Due to Don't know

Due to \_\_\_\_\_

Other conditions Advanced Age  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name J. B. Shaw

13. Birthplace Mo - 1  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Susan Mitchell

15. Birthplace Cooper Co - Mo - 0  
(City, town, or county) (State or foreign country)

16. (a) Informant J. B. Shaw

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 11-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resident Cemetery

18. (a) Signature of funeral director Richard Turner

(b) Address Nevada, Mo.

19. (a) 11-8-48 (b) Nathryn Yancy  
(Date received local registrar) (Registrar's signature)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations none Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. Love MD (M.D. or other) \_\_\_\_\_  
Address Nevada, Mo Date signed Nov 27/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 77

District File Number 10-48-1307

Date Filed 11-9-48

NOV 12 1948

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.....

*Max W. Dickering*  
working under my personal supervision.

Registered Apprentice No. 278

Signed *Richard T. Shaten*

Licensed Embalmer No. 4532

P. O. Address: Nevada, MD

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 this body is not embalmed, fact should be so stated above.