

FILED JAN 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH3802
State File No.

BIRTH NO.		REG. DIST. NO. <u>356</u>		PRIMARY REG. DIST. NO. <u>6207</u>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Lynch</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Lynch</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <u>Lillie - B Shaw</u>			a. (First)			b. (Middle)			
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>1-10-1949</u>						
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH (If under 1 year last birthday) <u>9/22/1868</u>			
9. AGE (In years) <u>80</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>18</u>		IF UNDER 1 HR. Hours <u>—</u> Mins. <u>—</u>					
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>House work</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>MO. U.S.</u>			
12. CITIZEN OF WHAT COUNTRY			13a. FATHER'S NAME <u>James Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Margie Stuecklin</u>			
14. NAME OF HUSBAND OR WIFE <u>John Shaw</u>			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.			
17. INFORMANT'S SIGNATURE OR NAME <u>Beverly Blomberg</u>			18. ADDRESS <u>Richwood</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Branch Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 day</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b)					
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>491</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>1-5-1949</u> , to <u>1-10-1949</u> that I last saw the deceased alive on <u>1-8-1949</u> , and that death occurred at <u>5:00 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Lisbet Kauder</u>				23b. ADDRESS <u>Luskung W</u>		23c. DATE SIGNED <u>1-15-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORIUM <u>Cavaness</u>		24d. LOCATION (City, town, or county) (State) <u>Texas Co. Mo</u>			
DATE REC'D BY LOCAL REG. <u>2-5-49</u>		REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith Ferguson</u>		ADDRESS <u>Luskung Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300

RECEIVED 1-26-49
District Health Officer No. 5,
District File Number 14977
Date Filed 1-27-49

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
Student Embalmer

Signed *Emmett E. Ferguson*

Licensed Embalmer No. *3945*

P. O. Address *Leakney Mills*

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.