

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18700

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>729</u>		
I. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <b>Buchanan</b>				a. STATE <b>Missouri</b>		b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>St. Joseph</b> )		c. LENGTH OF STAY (in this place) <b>3 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6220 Washington St.</b>				d. STREET ADDRESS (If rural, give location) <b>6220 Washington St.</b>				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) <b>WINFRED</b>	b. (Middle) <b>WARREN</b>		c. (Last) <b>SHAW</b>		(Month) <b>6</b>	(Day) <b>28</b>	(Year) <b>1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>7-4-1877</b>		9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Stanberry, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Anna Belle</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Harvey Shaw, St. Joseph, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA, SOFT PALATE</b>					<b>18 Mos.</b>	
		ANTECEDENT CAUSES						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		DUE TO (b) _____						
		DUE TO (c) _____					<b>174X</b>	
		II. OTHER SIGNIFICANT CONDITIONS					<b>5 yrs.</b>	
		Conditions contributing to the death but not related to the disease or condition causing death. <b>ARTERIO SCLEROSIS</b>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>NONE</b>					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)				
				<b>NONE</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>NONE</b>				
22. I hereby certify that I attended the deceased from <u>2-5</u> , 19 <u>49</u> , to <u>6-27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-27</u> , 19 <u>49</u> , and that death occurred at <u>1:50 AM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Allen S. Serman</b>				23b. ADDRESS <b>St. Joseph, Mo. 317 Kirkpatrick Bldg.</b>		23c. DATE SIGNED <b>6-29-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-29-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Stanberry Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Stanberry, Missouri</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>July 5, 1949</b>		REGISTRAR'S SIGNATURE <b>E. G. Jenkins</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John E. Sapp St. Joseph, Mo.</b>				

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

(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, only

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John E. Rupp*

Licensed Embalmer No. 7986

P. O. Address St. Joseph, 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 this body is not embalmed, fact should be so stated above.