

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5722

5821

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1002 Georgia Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1002 Georgia Street</u>			
3. NAME OF DECEASED a. (First) <u>JOHN</u> (Type or Print)		b. (Middle) <u>JUDSON</u>	
		c. (Last) <u>SHAW</u>	
4. DATE OF DEATH <u>Feb. 7, 1950</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 11, 1867</u>
9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR <u>4</u> Months	IF UNDER 1 YEAR <u>26</u> Days	IF UNDER 1 WEE. <u></u> Hours <u></u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale Grocery</u>	11. BIRTHPLACE (State or foreign country) <u>Pike Co., Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>William Shaw</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Shaw</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Shaw</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>463-10-6709</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John J. Shaw--Louisiana, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Coronary Artery Heart Disease</u> DUE TO (c) <u>Heart Disease</u> 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	
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) m.	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>7/21/49</u> , 19 <u>49</u> , to <u>2/7/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2/7/50</u> , 19 <u>50</u> , and that death occurred at <u>11:45 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Chas. H. Lewellen</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Louisiana, Missouri</u>	23c. DATE SIGNED <u>2/7/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/9/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Troy, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Feb 9, 1950</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u> <u>374</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STERNE FUNERAL HOME--LOUISIANA, MISSOURI</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 17 1950  
**RECEIVED**  
District Health Officer No. 1  
District File Number 250-30  
Date Filed FEB 17 1950

**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 J. B. Stone

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.