

FILED AUG 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22402

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Main St.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u> d. STREET ADDRESS (If rural, give location) <u>North Main St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cord</u> b. (Middle) <u>J.</u> c. (Last) <u>Shaw</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 1, 1951</u>		5. SEX <u>Female</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 22, 1864</u>		9. AGE (In years, last birthday) <u>86</u> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Mins _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. T. Kibler</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Knotts</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Olivia Cude, N. Main St., El Dorado Spgs, Mo.</u> ADDRESS _____			
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>Coronary embolism</u> ANTECEDENT CAUSES <u>Chronic myocarditis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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) 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, 1951</u> , to <u>8-1, 1951</u> , that I last saw the deceased alive on <u>7-30, 1951</u> , and that death occurred at <u>12:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. H. Sunderwirth D.O.</u> (Degree or title)				23b. ADDRESS <u>El Dorado Spgs.</u>		23c. DATE SIGNED <u>8-3-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-3-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Spgs.</u>		24d. LOCATION (City, town, or county) (State) <u>El Dorado Springs, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 4, 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____			

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED **AUG 7 1963**

Dist. File 851-1463

Date Filed 8-9-63

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Max W. Pickering

Licensed Embalmer No. 4696

P. O. Address Of Decatur, Ga.

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.