No. 300
10.48

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

FILED JAN 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41081

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 4143 Registrar's No. 164

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackwater
c. LENGTH OF STAY (In this place): 3Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Street not Named or Numbered

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackwater
d. STREET ADDRESS (If rural give location): In Blackwater, Mo. but no Street Named or Numbered

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Carl
c. (Last): Shaw

4. DATE OF DEATH (Month) (Day) (Year): Dec. 30 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Mar ried
8. DATE OF BIRTH: Jan.18,1881
9. AGE (In years last birthday): 70 — If under 1 year: Months 11, Days 12 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Supply Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Santafee R Rd.
11. BIRTHPLACE (State or foreign country): New York, New York.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Shaw
13b. MOTHER'S MAIDEN NAME: Vida Cory
14. NAME OF HUSBAND OR WIFE: Mrs.William Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: -
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Harry Smith -Nelson,Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH (?)

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: 4200
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Allen Dave C *, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M L Dieckmeyer M.D.
23b. ADDRESS: Coroner Boonville Mo
23c. DATE SIGNED: 1/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/1/52
24c. NAME OF CEMETERY OR CREMATORY: Nelson Cemetery
24d. LOCATION (City, town, or county) (State): Nelson,Missouri

DATE REC'D BY LOCAL REG. 1-2-52
REGISTRAR'S SIGNATURE: D C Hooper
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J. Leslie Survey - Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 7 1952
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed JAN 7 1952

JAN 21 1952

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. Leslie Swaney
Licensed Embalmer No. 3235
P. O. Address Marshall, Ind.

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.