S. No. 300
v. 10.48

0570
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FILED JAN 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1922

BIRTH NO. 67608-51 REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5469 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hawkpoint
c. LENGTH OF STAY (in this place): 3 mo 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 mi S.W. of Hawkpoint Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hawkpoint 0570
d. STREET ADDRESS (If rural, give location): 2 mi S.W. of Hawkpoint Mo.

3. NAME OF DECEASED (Type or Print): a. (First) ERNEST b. (Middle) EARL c. (Last) SHAW

4. DATE OF DEATH (Month) (Day) (Year): Jan 9, 1952

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 1

8. DATE OF BIRTH: Sept 2, 1951

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 3, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Norman Shaw

13b. MOTHER'S MAIDEN NAME: Deloris Miller

14. NAME OF HUSBAND OR WIFE: none

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.: none

17. INFORMANT'S SIGNATURE OR NAME: Norman Shaw — ADDRESS: Hawkpoint Mo

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) Status Lymphaticus — 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) upper respiratory infection — 12 days

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: 273X

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* Sept 2, 1951, *to* Jan 9, 1952, *that I last saw the deceased alive on* Dec 29, 1952 *and that death occurred at* 4:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul Holsch (Degree or title) — **23b. ADDRESS**: Wheatland Mo — **23c. DATE SIGNED**: 1-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Jan 10, 52 — **24c. NAME OF CEMETERY OR CREMATORY**: Hawkpoint Cem — **24d. LOCATION** (City, town, or county) (State): Hawkpoint Mo

DATE REC'D BY LOCAL REGISTRAR: Jan 18-1952 — REGISTRAR'S SIGNATURE: Emma B. Riddle 162

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Wayne McCoy Troy Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed Wayne McCoy

Signed .....
Student Embalmer

Licensed Embalmer No. 3586

P. O. Address Troy 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.