

FILED JAN 15 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 678  
Registrar's No. 12

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>JEFFERSON City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u>	
c. LENGTH OF STAY (In this place) <u>9 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>224 W. 7th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S Hospt.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SALLY</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>SHAW</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 10, 1954</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>FEB, 14, 1872</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L. J. Schneider</u>	ADDRESS <u>Eldon Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>2/3 of the body covered w 2<sup>nd</sup> + 3<sup>rd</sup> degree burns</u>		
	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. <u>E9167 40</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Nursing Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Eldon MO</u> (STATE) <u>MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 9-1954 9:30 P.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>pt. fell to sleep while smoking</u>

22. I hereby certify that I attended the deceased from 1/9, 1954, to 1/10, 1954, that I last saw the deceased alive on 1/10, 1954, and that death occurred at 4:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Francis J. Meier M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Jeff. City Mo</u>	23c. DATE SIGNED <u>1/10/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 12, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dealey</u>	24d. LOCATION (City, town, or county) (State) <u>Eldon, Mo.</u>
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DATE REC'D BY LOCAL REG <u>Jan 13-1954</u>	REGISTRAR'S SIGNATURE <u>R. P. Darro M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u>	ADDRESS <u>Eldon</u>
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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 \_\_\_\_\_

*Louis D. Phillips*

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Louis D. Phillips*

Licensed Embalmer No. \_\_\_\_\_

*3663*

P. O. Address \_\_\_\_\_

*Wesley*

**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.