

FILED NOV 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38463

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 361

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Bonne Terre.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Flat River, Mo.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>314 Division St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Ruth</u> b. (Middle) <u>Irene</u> c. (Last) <u>Shaw.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17, 1954</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White-Cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 2-1907</u>	9. AGE (In years last birthday) <u>52-4-15</u>	10. CITIZENSHIP (If under 1 year) Months	11. CITIZENSHIP (If under 1 year) Days	12. CITIZENSHIP (If under 1 year) Hours	13. CITIZENSHIP (If under 1 year) Mins.
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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	11. BIRTH PLACE (State or foreign country) <u>Flat River, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Mr. William G. Luter</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Almeda Burns Luter</u>	14. NAME OF HUSBAND OR WIFE <u>Mr. William G. Shaw.</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>490-28-7203</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clotilde Shaw (daughter in law)</u>	ADDRESS <u>Desloge, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Breast (left)</u>		DUE TO (b) <u>to metastases to pelvis</u>		<u>10 yrs.</u>
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Spine, skull; Brain</u>		<u>1-2 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>170 X</u>

19a. DATE OF OPERATION <u>(10/17) eps ago</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma breasts removed.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept, 1945, to Nov 17, 1954, that I last saw the deceased alive on Nov 17, 1954, and that death occurred at 3:05 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. I. Foster</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Desloge Mo.</u>	23c. DATE SIGNED <u>11-22-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 21-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>200 Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Desloge Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 22, 1954</u>	REGISTRAR'S SIGNATURE <u>Esther Redlax</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>	ADDRESS <u>303 Crane St. Flat River, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.480941  
0

**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 Alvin W. Hood.

Licensed Embalmer No. 2780

P. O. Address 303 Crane St.

Great River, 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.