

FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9776

No. 300

10-48

88

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>4316</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Mason</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mason</u>					
b. CITY OR TOWN <u>New Cambria</u>		c. LENGTH OF STAY (in this place) <u>7 yrs.</u>		c. CITY OR TOWN <u>New Cambria</u>		d. STREET ADDRESS (If rural, give location) <u>0610</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS _____					
3. NAME OF DECEASED (Type or Print) <u>WILLIS AUBREY SHAW</u>			a. (First)			b. (Middle)			
c. (Last)			4. DATE OF DEATH <u>March 27-1956</u>			5. SEX <u>male</u>			
6. COLOR OR RACE <u>white</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>			8. DATE OF BIRTH <u>July 21, 1883</u>			
9. AGE (In years last birthday) <u>72</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Exec. vice president Bank</u>			11. BIRTHPLACE (State or foreign country) <u>Harrisonburg, Boone County, Mo.</u>			
10a. USUAL OCCUPATION			10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>John Wilson Shaw</u>			13b. MOTHER'S MAIDEN NAME <u>Mittie Wood</u>			14. NAME OF HUSBAND OR WIFE <u>Edie J. Shaw</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>491-05-5109</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edie J. Shaw</u>			
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>Acute circulatory failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardiac Myomalacia</u> Morbid conditions, if any, giving rise to the above cause (a) <u>Coronary Arteriosclerosis</u> the underlying cause last. <u>Myocardial infarction</u> DUE TO (c) <u>Arteriosclerosis et Coronary atherosclerosis 10 years</u> 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>acute</u> <u>2 years.</u> <u>acute</u>		
19a. DATE OF OPERATION <u>3</u>			19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>0</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>0 3-27-56</u>			
22. I hereby certify that I attended the deceased from <u>Dec. 17</u> , 19 <u>55</u> , to <u>Mar. 27</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>March 26</u> , 19 <u>56</u> and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>William J. Frettes</u>				23b. ADDRESS <u>2095 New Cambria Mo.</u>				23c. DATE SIGNED <u>3-28-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 29, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3/28/56</u>		REGISTRAR'S SIGNATURE <u>Rich M. Searcy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.P. Hillland</u>		ADDRESS <u>New Cambria Mo</u>			

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

MAR 6 1963

JUN 12 1958

JUL 27 1958

RECEIVED 3-2-56
MACON COUNTY HEALTH DEPARTMENT
County File No. 3-56-83
Date Filed 3-3-56

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 H. J. Gilliland

Licensed Embalmer No. 4019

P. O. Address New Cambria 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.