

FILED JUL 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25852

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4558 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WRIGHT</u>		
b. CITY OR TOWN <u>MANSFIELD</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>MANSFIELD</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MANSFIELD HOSP.</u>			STREET ADDRESS (If rural, give location) <u>MANSFIELD 1140</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louvernia</u>		b. (Middle) <u>-</u>	c. (Last) <u>Shaw</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1956</u>	
5. SEX <u>7</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>7/1/1877</u>	9. AGE (in years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.	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 <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Samuel Hatfield</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clifford Males, Harwood Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
ANTECEDENT CAUSES		DUE TO (b) <u>Hypertension</u>			
		DUE TO (c) <u>Arteriosclerosis</u>			
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			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>June 15, 1956</u> to <u>June 16, 1956</u> , that I last saw the deceased alive on <u>June 16, 1956</u> , and that death occurred at <u>9:20 AM.</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>W. A. Zimmerman</u>		(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Mansfield Mo</u>		23c. DATE SIGNED <u>6/23/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>6/20/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>No. 5 Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wright County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-15/56</u>		REGISTRAR'S SIGNATURE <u>Stan R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. S. Ferrell, Mansfield, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

3840

**RECEIVED** *July 21, 1956*  
WRIGHT CO. HEALTH DEPT.  
County File Number *756-71*  
Date Filed *July 23, 1956*

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 .....  
Signature of Student Embalmer

Signed *Don G. Terrell* .....

Licensed Embalmer No. *4847*

P. O. Address *Mansfield* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.