

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

FILED OCT 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 30732

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone				
b. CITY (If outside corporate limits, give TOWNSHIP only) Mexico			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Centralia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) Audrain Co. Hospital			Length of stay in lb 1 day	d. STREET ADDRESS (If outside, give location) 707 S. Allen			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Cora May Shaw				First	Middle	Last	4. DATE OF DEATH Month Sept Day 26 Year 1957	
5. SEX female	6. COLOR OR RACE caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 15-1891		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 11 Days 11	IF UNDER 24 HRS. Hours 11 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (City and state or country) Boone County, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Minor Ellis, Sr.				14. MOTHER'S MAIDEN NAME Nancy Blackwell Prather				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. ?	17. INFORMANT Willard Shaw		Address Centralia, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bowel obstruction secondary to							INTERVAL BETWEEN ONSET AND DEATH.	
MEDICAL CERTIFICATION	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Adenocarcinoma of sigmoid colon					months	
		DUE TO (c)						
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 153X						
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour 8:00 a. m. <input type="checkbox"/> p. m. <input checked="" type="checkbox"/>								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Centralia, Mo.		20g. STATE		
21. I attended the deceased from 9/20/56 to 9/26/57 and last saw her ^{her} him alive on 9/26/57 . Death occurred at 8:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Robt L. Ward MD (Degree or title)				22b. ADDRESS Centralia, Mo.		22c. DATE SIGNED 9/30/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept 28-57	23c. NAME OF CEMETERY OR CREMATORY City of Centralia		23d. LOCATION (City, town, or county) (State) Centralia, Missouri			
24. FUNERAL DIRECTOR Bill S. Meador		ADDRESS Centralia, Missouri		25. DATE RECD. BY LOCAL REG. Sept. 28-57	26. REGISTRAR'S SIGNATURE Blanche Neely			

(Licensed Embalmer's Statement on Reverse Side)

00110

1957

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 Bill J. Meadows

Licensed Embalmer No. 48

P. O. Address Antler, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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..