

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019272

STATE FILE NUMBER

FILED MAY 28 1958 Registration District No. 278 Primary Registration District No. 5956 Registrar's No. 64

|   |                                 |   |  |
|---|---------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pike</u>  |                                 | 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Calumet</u><br>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |                                 | c. CITY OR TOWN <u>County Road D</u><br>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural County Road D</u> Length of stay in <u>10 years</u>  |                                 | d. STREET ADDRESS (If outside, give location) <u>South of Louisiana</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Pollie</u> Middle <u></u> Last <u>Shaw</u>  |                                 | 4. DATE OF DEATH<br>Month <u>May</u> Day <u>16</u> Year <u>1958</u>   |  |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>May 16, 1869</u>      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House Keeper</u>  |                                 | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u>  | 9. AGE (In years last birthday)<br><u>89</u> |
| 11. BIRTHPLACE (City and state or country)<br><u>Pike County Mo.</u>  |                                 | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |
| 13. FATHER'S NAME<br><u>George Shaw</u>   |                                 | 14. MOTHER'S MAIDEN NAME<br><u>Lucy Douglas</u>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |                                 | 16. SOCIAL SECURITY NO.<br><u>No</u>  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>congestive heart failure</u>  |                                 | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 weeks</u>  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>arteriosclerotic hypertensive heart disease</u>   |                                 | <u>5 years</u>  |  |
| DUE TO (c) <u>generalized arteriosclerosis</u>  |                                 |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)<br><u>4200</u>   |                                 | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>  |  |
| 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<br>Hour <u></u> Month, Day, Year<br>a. m. <u></u> p. m. <u></u>   |                                 |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                 | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  |
|   |                                 | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |  |
| 21. I attended the deceased from <u>15 Jan 58</u> to <u>16 May 58</u> and last saw her alive on <u>16 May 58</u><br>Death occurred at <u>6:15 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                 |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>James H. Hooker, M.D.</u>  |                                 | 22b. ADDRESS<br><u>Clarksville, Mo.</u>   |  |
|   |                                 | 22c. DATE SIGNED<br><u>17 May 58</u>  |  |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify)<br><u>Burial</u>   |                                 | 23b. NAME OF CEMETERY OR CREMATORY<br><u>Knob Cemetery</u>  |  |
| 23c. DATE<br><u>May 18, 1958</u>  |                                 | 23d. LOCATION (City, town, or county) (State)<br><u>Pike County Mo.</u>   |  |
| 24. FUNERAL DIRECTOR<br><u>Therme Funeral Home, Louisiana Mo.</u>   |                                 | 25. DATE RECD. BY LOCAL REG.<br><u>May 26/58</u>  |  |
| ADDRESS<br><u>Louisiana Mo.</u>   |                                 | 26. REGISTRAR'S SIGNATURE<br><u>Bernice Collier</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

**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.....  
*J. B. Stern*

Licensed Embalmer No. *403*

P. O. Address *Louisiana*

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.