

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018883  
STATE FILE NUMBER

JUN 2 1959 Registration District No. 316 Primary Registration District No. — Registrar's No. 211

300  
1-57

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Desloge, Mo</u>		c. CITY OR TOWN <u>Desloge, Missouri</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>503 N. Main</u>	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>William Gideon Shaw</u>			4. DATE OF DEATH Month Day Year <u>May 23 1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 6, 1878</u>	9. AGE (In years last birthday) <u>80</u>	10. F UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>miner (retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>lead - St. Joe lead Mine la Motte, Mo.</u>	11. BIRTHPLACE (City and state or country) <u>la Motte, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Gideon Shaw</u>	13b. MOTHER'S MAIDEN NAME <u>Susan French</u>	14. NAME OF HUSBAND OR WIFE <u>widowed (Ruth McKee)</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (When, on unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>493-03-9350</u>	17. INFORMANT <u>Cletus Shaw, 503 N. Main, Desloge, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ARTERIO SCLEROTIC HEART DISEASE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>426C</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>UREMIA, NEPHRITIS, BRONCHIAL ASTHMA</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 <u>Desloge Mo</u>	COUNTY	STATE
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21. I attended the deceased from <u>1957</u> to <u>May 23, 1959</u> and last saw him alive on <u>May 22, 1959</u> . Death occurred at <u>6:30 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>J. L. Foster M.D.</u>	22b. ADDRESS <u>Desloge Mo</u>	22c. DATE SIGNED <u>May 25, 1959</u>
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23a. BURIAL, CREMATION, OR OTHER DISPOSITION <u>Burial</u>	23b. DATE <u>May 26, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	23d. LOCATION (City, town, or county) <u>Leadinton</u>	(State) <u>Missouri</u>
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24. FUNERAL DIRECTOR <u>Alvin W. Wood</u>	ADDRESS <u>303 Crane St. Flat River, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>May 28, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Cether Rudloff</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related

9-C

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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 ..... *Abner W. Hood* .....

Licensed Embalmer No. *2780* .....

P. O. Address. *Flat River* .....

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.