

VITAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020408

LED VS JUN 13 1960

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 44

STATE FILE NUMBER

DOCUMENT

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Platte</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bear Lake</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		c. CITY OR TOWN <u>St. Joseph</u>	
Length of stay in lb <u>1 hr.</u>		c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>6417 So. 11th St.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Penna Donlice</u> Middle <u>Shaw</u> Last _____				4. DATE OF DEATH Month <u>June</u> Day <u>3</u> Year <u>1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/16/02</u>	9. AGE (last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR 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>Cafeteria Swift & Co.</u>		11. BIRTHPLACE (City and state or country) <u>Dallas Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Elesha G. Birgaman</u>			13b. MOTHER'S MAIDEN NAME <u>Lavina Nemrio</u>		14. NAME OF HUSBAND OR WIFE <u>Harvey R. Shaw</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-09-4577</u>		17. INFORMANT <u>Harvey R. Shaw</u> Address <u>6417 So. 11th St.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Ventricular fibrillation</u>						<u>Minutes</u>	
DUE TO (b) <u>Coronary insufficiency</u>						<u>years</u>	
DUE TO (c) <u>Arteriosclerotic heart disease</u>						<u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Diabetes mellitus. Arteriosclerotic degeneration of kidney vascular supply. Secondary azotemia.</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY Hour _____ s.m. _____ p.m. Month, Day, Year _____		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>February</u> to <u>6/3/60</u> and last saw her <u>alive</u> on <u>6/30/60</u> . Death occurred at <u>6:05 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Cary G. Potter, Jr M.D.</u> (Degree or title)				22b. ADDRESS <u>Physicians and Surgeons Bldg. St. Joseph, Missouri</u>		22c. DATE SIGNED <u>6/4/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 6, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Public Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>	
24. FUNERAL DIRECTOR <u>Clark Funeral Home</u> ADDRESS <u>St. Joseph, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>June 6, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Uphelia Rollins</u>	

BY AFFIDAVIT OF

SEP 9 1960

VS DEC 1 1960

Dr. Caryl A. Potter Jr.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Paul F. Clark*

Licensed Embalmer No. 5024

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.