

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026380

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7027 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
 AMENDED

VS 300  
 Rev. 4/59

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AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		Missouri		COUNTY		b. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>																	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Homer G. Phillips		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		1729 Franklin		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>																					
3. NAME OF DECEASED (Type or print)			First William			Middle Shaw			Last Shaw			4. DATE OF DEATH			Month 7			Day 3			Year 63										
5. SEX		Male		6. COLOR OR RACE		Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		1-15-03		9. AGE (last birthday)		60 yrs.		IF UNDER 1 YEAR		IF UNDER 24 HR											
																		Months		Days		Hours		Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				Labor				10b. KIND OF BUSINESS OR INDUSTRY				None				11. BIRTHPLACE (City and state or country)				Tennessee				12. CITIZEN OF WHAT COUNTRY				U.S.A.			
13a. FATHER'S NAME						13b. MOTHER'S MAIDEN NAME						14. NAME OF HUSBAND OR WIFE																			
William Shaw, Jr.						Fannie ?						Georgia Shaw																			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)						16. SOCIAL SECURITY NO.						17. INFORMANT Address																			
No						None						Marvin Mays-1729 Franklin Avenue																			
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)												Cerebral Thrombosis				Undet.															
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												DUE TO (b)				Arteriosclerosis															
												DUE TO (c)				332x															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)												Hypostatic Pneumonia				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 type="checkbox"/>		20a. ACCIDENT		SUICIDE		HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)																					
20c. TIME OF INJURY		Hour a.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												6-13-63				to				7-3-63				and last saw him <input checked="" type="checkbox"/> alive on				7-3-63			
Death occurred at												5:35				A.				m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE						(degree or title)						22b. ADDRESS						22c. DATE SIGNED													
<i>H. Little</i>												2601 N. Whittier						7-3-63													
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE			23c. NAME OF CEMETERY OR CREMATORY						23d. LOCATION (City, town, or county) (State)																			
Removal			7-8-1963			Greenwood Cemetery						St. Louis (County) Mo.																			
24. FUNERAL DIRECTOR ADDRESS						25. DATE RECD. BY LOCAL REG.						26. REGISTRAR'S SIGNATURE																			
Ellis Funeral Home-2020 Stoddard St.						JUL 5 1963						<i>Earl Smith, M.D.</i>																			

USE BLACK INK OR TYPEWRITER RIBBON

**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

*Arthur E. Dickin*

Licensed Embalmer No. 4198

P. O. Address W. Davis, 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.