

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 447 STATE BURIAL NUMBER 63-041127

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 5 1963

VS 300
Rev. 4/59

1 0940
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY **St. Francois**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Francois Township** Length of stay in lb **8Y;4M;13 das.**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **State Hospital No. 4** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Carter**

c. CITY OR TOWN **Van Buren, Missouri** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **Unknown** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **MINNIE SHAW**

4. DATE OF DEATH Month Day Year **October 30, 1963**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **March 6, 1890** 9. AGE (last birthday) **73**

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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) **Alton, Illinois** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Amos Nettleton** 13b. MOTHER'S MAIDEN NAME **Martha Ellen Corder** 14. NAME OF HUSBAND OR WIFE **Earl Shaw**

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 Address **Records, State Hospital No. 4, Farmington, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Bilateral bronchopneumonia** INTERVAL BETWEEN ONSET AND DEATH **2 days**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Chronic brain syndrome associated with cerebral arteriosclerosis with psychotic reaction.** PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 **Oct. 28, 1963** to **Oct. 30, 1963** and last saw her **alive** on **Oct. 30, 1963** Death occurred at **5:30 P. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **J. A. Brennan M.D.** 22b. ADDRESS **State Hospital No. 4 Farmington, Missouri** 22c. DATE SIGNED **10-30-63** (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **11-2-63** 23c. NAME OF CEMETERY OR CREMATORY **Van Buren Cemetery** 23d. LOCATION (City, town, or county) **Van Buren, Missouri (Carter Co.)**

24. FUNERAL DIRECTOR ADDRESS **McSpadden Funeral Home, Van Buren, Mo.** 25. DATE RECD. BY LOCAL REG. **Oct. 30, 1963** 26. REGISTRAR'S SIGNATURE **Esther Rudloff**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

0470
0310

STATEMENT BY LICENSED EMBALMER

6-82

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 Allen C. McJannet

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.