

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 24 1952

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 5287 Registrar's No. 136

0240
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>Rural, Fishing River</u>		c. CITY OR TOWN <u>Rural, Fishing River, 1 mile W.</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 years</u>		d. STREET ADDRESS (If rural, give location) <u>R R I Excelsior Springs Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs, Mo</u>		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>LOUIS</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>SHAW</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5, 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>JEW.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 15, 1904</u>
9. AGE (in years) last birthday <u>48</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hudson Agency</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kiev, Russia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>	13a. FATHER'S NAME <u>Sam Shaw</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Tall</u>	14. NAME OF HUSBAND OR WIFE <u>Marie Bumble 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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sam Shaw, 7244 Jarboe, KCMO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Struck by car, Comp. 1937</u> <u>while walking across highway.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Head & chest injury</u> DUE TO (c) <u>Broken left arm.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway # 10</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fishing Pt. Clay, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-5-52</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by car. 024</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. J. Parr and Co. Coroner</u>		23b. ADDRESS <u>North Kansas City, Mo.</u>	23c. DATE SIGNED <u>10/5/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>out 5/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheffield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-8-52</u>	REGISTRAR'S SIGNATURE <u>Caroline Ditching</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hope Funeral Home, Excelsior Springs, Mo.</u>	

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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

Student Embalmer

Signed

Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs 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 this body is not embalmed, fact should be so stated above.