

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3742
27690

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON'		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON'	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 56 yrs		STREET ADDRESS (If rural, give location) 3211 Washington St. 3493	
d. FULL NAME OF HOSPITAL OR INSTITUTION 134 East Linwood			

3. NAME OF DECEASED (Type or Print) ROBERT PHILLIP SHAW	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) JULY 29, 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 22, 1887	9. AGE (In years last birthday) 67	10 UNDER 1 YEAR Months	11 UNDER 1 HR. Hours	12 UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) OFFICE MGR	10b. KIND OF BUSINESS OR INDUSTRY FRANK B. WILSON ELECTRIC CO	11. BIRTHPLACE (City and State or Foreign Country) GALLATIN, MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William L. SHAW	13b. MOTHER'S MAIDEN NAME ARUJIA Phillips	14. NAME OF HUSBAND OR WIFE RUTH E SHAW ORR
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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. 495-05-7772	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. FRANK WILSON 3010 So CAYLER INDEPENDENCE, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH 4200
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis		
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 Geo. C. Kealhofer (Degree or title) Geo. C. Kealhofer, M.D.	23b. ADDRESS 4050 Broadway Ave	23c. DATE SIGNED 7-29-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 31, 1954	24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 7-31-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE A. H. Newcomer	ADDRESS 1331 BRIMLEY CREEK Kansas City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Forrest D. Goldsnow*.....

Licensed Embalmer No. *4714*.....

P. O. Address *K.C. 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.