

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41721

STATE FILE NUMBER

5506

 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5506

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	<u>Jackson</u>	a. STATE	<u>Missouri</u> b. COUNTY <u>Jackson</u>
b. CITY (If outside corporate limits, give TOWNSHIP only)	Inside Limits OR TOWN <u>Kansas City</u>	c. CITY OR TOWN	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>Kansas City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Length of stay in lb <u>St. Luke's Hosp.</u> <u>40 yrs</u>	d. STREET ADDRESS	(If outside, give location) Reside on Farm <u>4235 Locust</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
<u>MAREE F. SHAW</u>			<u>Dec</u>	<u>17</u>	<u>1956</u>
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH		9. AGE (In years last birthday)
<u>Female</u>	<u>White</u>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	<u>Feb. 4, 1898</u>		<u>58</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?
<u>Saleslady</u>		<u>Furniture Co.</u>	<u>Junction City Kansas</u>		<u>U. S. A.</u>
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
<u>Robert J. Shaw</u>			<u>Frances Boller</u>		
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		
<u>No</u>		<u>495-10-0939</u>	<u>Mrs. Dolores Given 3411 Indiana</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertension.</u>	
	DUE TO (c)	<u>331X</u>
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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: _____ a. m. _____ p. m. _____	

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>12/16/56</u> to <u>12/17/56</u> and last saw her/him alive on <u>12/17/56</u> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <u>H. P. Boughton M.D.</u>		22b. ADDRESS <u>K. E. Smo.</u>		22c. DATE SIGNED <u>12/19/56</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>12-20-1956</u>	<u>St. Mary's Cemetery</u>	<u>Kansas City, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<u>Mellody-McGilley-Eylar F. Home</u>		<u>12-19-56</u>	<u>Neva Marshall</u>

1800 E. Linwood

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

300  
1-56Health,  
Welfare  
Public  
Service

Dr. Harney Baugh  
315 Michigan  
40-1740-

1:30 to 3:30 P

---

---

STATEMENT BY LICENSED EMBALMER

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

Student.....  
Signature of Student Embalmer

Signed... *James W. Wair* .....

Licensed Embalmer No. *46*...

P. O. Address *K.C., Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.