

FILED NOV 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33710
4403

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1022 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 (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 30 yrs.		d. STREET ADDRESS (If rural, give location) 3816 COLLEGE AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3816 COLLEGE AVENUE			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE	b. (Middle) BAILEY	c. (Last) SHAW	4. DATE OF DEATH (Month) (Day) (Year) 10/15/1950
---	---------------------------	-----------------------	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Oct 12, 1889	9. AGE (in years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Surfice Apartment	10b. KIND OF BUSINESS OR INDUSTRY P.W.C. Power & Light Co.	11. BIRTHPLACE (State or foreign country) ROCK ISLAND Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	---	---	--

13a. FATHER'S NAME Donald B. Shaw	13b. MOTHER'S MAIDEN NAME DOLLIE BAILEY	14. NAME OF HUSBAND OR WIFE Nelle Shaw
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W. W. I	16. SOCIAL SECURITY NO. 486-10-7490	17. INFORMANT'S SIGNATURE OR NAME MRS. NELLE SHAW	ADDRESS 3816 COLLEGE AVE. KANSAS CITY MO.
--	--	--	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medical Certification Coronary Sclerosis + Dehydration		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Myocarditis		
	DUE TO (b) _____ 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 type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

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) _____
--	--	---

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? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from **10/15**, 19**50**, to **10/15**, 19**50**, that I last saw the deceased alive on **10/15**, 19**50**, and that death occurred at **12:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE D. E. Pearson (Degree or title) MD	23b. ADDRESS 1025 Pratt Bldg., K.C. Mo.	23c. DATE SIGNED 10/17/50
---	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DET-18-1950	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
---	------------------------------	---	---

DATE REC'D BY LOCAL REG. 10-18-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE W. J. Neukomias	ADDRESS Brush Street Bldg. Kansas City, Mo.
--	---	---	--

WRITE PLAINLY—USING UNFAADING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Charles H. Stickney

Signed.....

Student Embalmer

Licensed Embalmer No. 4560

P. O. Address RC 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.