

FILED FEB 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 5158

512

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

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg	
c. LENGTH OF STAY (In this place) 48 Yrs.		d. STREET ADDRESS (If rural, give location) 215 Ming St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 215 Ming St.			

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Alfred c. (Last) Shaw			4. DATE OF DEATH (Month) (Day) (Year) Feb. 13 1951		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 25 1876		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days		IF UNDER 10 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer			10b. KIND OF BUSINESS OR INDUSTRY Stationary, Steam			11. BIRTHPLACE (State or foreign country) Dayton Ohio			12. CITIZEN OF WHAT COUNTRY? U.S.A		
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13a. FATHER'S NAME Nathaniel Shaw			13b. MOTHER'S MAIDEN NAME Rachiel West			14. NAME OF HUSBAND OR WIFE Sina Shaw		
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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. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Sina Shaw, Warrensburg Mo.				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma Prostate</i>						1 yr	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS						177x	
		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"/>	
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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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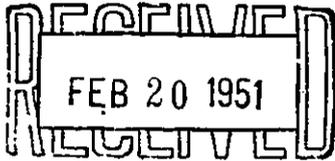
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from *Fall 1951*, to *Feb 13, 1951*, that I last saw the deceased alive on *Feb 13, 1951*, and that death occurred at *11:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or Title)		23b. ADDRESS <i>Warrensburg Mo</i>		23c. DATE SIGNED <i>Feb 14 1951</i>	
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE Feb. 15 1951		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg Mo.	
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DATE REC'D BY LOCAL REG. Feb. 14, 1951		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney Phillips Warrensburg Mo.	
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JOHNSON COUNTY HEALTH DEPT.

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.....
Student Embalmer

Signed *J. Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg 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.