

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41397**

FILED JAN 3 1955

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 231

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 Rural Prairie TOWN	c. LENGTH OF STAY (In this place) 50 days	c. CITY (If outside corporate limits, write RURAL and give township) OR Lees Summit TOWN 7001	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Co. Hospital		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Torressa b. (Middle) Ann c. (Last) Shaw	4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1954
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 31, 1867	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Wyanett, Ill	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Chas A. Hewitt	13b. MOTHER'S MAIDEN NAME Sarah A. Simms	14. NAME OF HUSBAND OR WIFE Charles W. Shaw
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Helene Light	ADDRESS Lees Summit, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Chronic Pyelonephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 6000	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 Oct. 21, 1954, to Dec. 10, 1954, that I last saw the deceased alive on Dec. 10, 1954, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Daniel W. Johnson M.D.	23b. ADDRESS Jackson County Hosp.	23c. DATE SIGNED 12-11-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/12/1954	24c. NAME OF CEMETERY OR CREMATORY Belton Cemetery	24d. LOCATION (City, town, or county) (State) Belton, Mo.
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DATE REC'D BY LOCAL REG. 12-15-54 N.B. Langford	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE GEORGE & SONS	ADDRESS BELTON, MO.
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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
Student Embalmer

Signed Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belton, 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.