

FILED JAN 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1285
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BIRTH NO. 71011-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson Co</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City, Mo</i>		c. CITY OR TOWN <i>Lexington</i>	
c. LENGTH OF STAY (in this place) <i>2M-25D10H</i>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Children's Mercy Hospital, K.C. Mo</i>		e. STREET ADDRESS (If rural, give location) <i>50. 6th Street</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Thomas</i> b. (Middle) <i>Williams</i> c. (Last) <i>Shaw</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>1 6 1955</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>10-11-54</i>
9. AGE (In years last birthday) <i>2 26</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>infant</i>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <i>Lexington Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Calvin Shaw</i>	13b. MOTHER'S MAIDEN NAME <i>Juanita Murray</i>	14. NAME OF HUSBAND OR WIFE <i>none</i>
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. <i>—</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Calvin Shaw, Lexington, Mo.</i>

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>Bronchopneumonia</i>		ANTECEDENT CAUSES		<i>5 Days</i>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <i>Malnutrition</i>		<i>1 Mo.</i>	
		DUE TO (c) <i>Diarrhea</i>		<i>2 Mo.</i>	
		II. OTHER SIGNIFICANT CONDITIONS		<i>5710</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 *10-24*, 1954, to *1-6*, 1955, that I last saw the deceased alive on *1-6*, 1955, and that death occurred at *7:40* a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wayne Hart</i> (Degree or title) &	23b. ADDRESS <i>1910 Indus Ave. K.C. Mo.</i>	23c. DATE SIGNED <i>1-6-55</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>1-6-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>—</i>
24d. LOCATION (City, town, or county) (State) <i>Lexington Mo.</i>		

DATE REC'D BY LOCAL REG. <i>1-6-55</i>	REGISTRAR'S SIGNATURE <i>Neva Marshall</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Mc Cain - Pemple Lexington Mo.</i>
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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.....

Licensed Embalmer No.....

P. O. Address.....

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.