FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33859

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5601 Registrar's No. 104

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Warrensburg,
c. LENGTH OF STAY (in this place): I day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural, Wegener Air Port,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wyandotte,
c. CITY OR TOWN: Mission,
d. Is Residence within limits of a city or incorporated town? Yes YES No ☐
e. STREET ADDRESS (If rural, give location): 4443 Francis St.

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): JOSEPH
c. (Last): SHAMBURG

4. DATE OF DEATH (Month) (Day) (Year): October Ist. 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: May 22nd. 1929
9. AGE (In years last birthday): 26 — 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): Commercial Pilot,
10b. KIND OF BUSINESS OR INDUSTRY: Wegener Tree Service,
11. BIRTHPLACE (City and State or Foreign Country): Beloit, Kansas,
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Lester L. Shamburg,
13b. MOTHER'S MAIDEN NAME: Dorothy Lieurance,
14. NAME OF HUSBAND OR WIFE: Divorced.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Korean,
16. SOCIAL SECURITY NO.: 512-22-8324
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Dorothy Shamburg, Kansas City, Kansas.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral concussion — INTERVAL BETWEEN ONSET AND DEATH: Instant.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Compound fracture of skull — 861X — "

DUE TO (c): " — "

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Crush injury to left chest — "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Wegener Air Port,
21c. (CITY, TOWN, OR TOWNSHIP) 051 (COUNTY) (STATE): Rural, Warrensburg, Johnson County, Missour
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-1-1955 1:30P m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Aeroplane accident,

22. *I hereby certify that I attended the deceased from* 10-1-1955, 19____, *to* 10-1-1955, 19____, *that I last saw the deceased* Dead ~~alive~~ *on* 10-1-, 1955, *and that death occurred at* 1:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Warrensburg, Missouri
23c. DATE SIGNED: 10-2-1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-4-1955
24c. NAME OF CEMETERY OR CREMATORY: Scottsville Cemetery,
24d. LOCATION (City, town, or county) (State): Scottsville, Kansas.

DATE REC'D BY LOCAL REG. Oct. 2 1955
REGISTRAR'S SIGNATURE: Savannah Crutchfield
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: R.A. Brauninger, Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
OCT 10 1955
JOHNSON COUNTY HEALTH DEPT.

VS NOV 4 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. A. Brauninger.....

Licensed Embalmer No. 337

P. O. Address Warrensburg

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