

Health, Welfare, Public Service
 300-56
 Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms written on natural causes. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 R. Paul Wright by T. Reid Jones

FILED JUN 28 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

57 02 1353
 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2702

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lee's Summit		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lindeman Nursing Home		Length of stay in lb 7 yrs.	7001 d. STREET ADDRESS Town (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Gibbons Last Shawhan			4. DATE OF DEATH June 8, 1957 Month Day Year		
5. SEX Male ⁰	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> ² DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 13, 1874	9. AGE (In years last birthday) 83 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Lone Jack, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John C. Shawhan			14. MOTHER'S MAIDEN NAME Julia McDaniel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No.		16. SOCIAL SECURITY NO. 550-12-2928	17. INFORMANT Address Robert Shawhan, Lee's Summit, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident					INTERVAL BETWEEN ONSET AND DEATH 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					331X
DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ²
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. Landed the deceased from ATTENDED BY R. PAUL WRIGHT M.D., WHO last saw her alive on May 20, 1957 Death occurred at 5:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE T. Reid Jones (Degree or title) M.D.		22b. ADDRESS 411. Nichols Road		22c. DATE SIGNED 6.8.57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 10, 1957	23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery		23d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri	
24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home Lee's Summit, Missouri		25. DATE RECD. BY LOCAL REG. 6-8-57		26. REGISTRAR'S SIGNATURE Neva Minshel	

Licensed Embalmer's Statement on Reverse Side

Dr. T Reid Jones
Plaza Times Bldg
over Jack Henry

AUG 21 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *H. Blingford*.....
Licensed Embalmer No. *38*
P. O. Address *Jessie Dun*

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