

pt. Health,
, & Welfare
S. Public
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S. 300
ev. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

Securing this certificate correct and complete is the responsibility of the registrant.

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47380
STATE FILE NUMBER
6218
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

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		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 22 WEST 81ST TERR.		d. STREET ADDRESS (If outside, give location) 22 WEST 81ST TERR	
Length of stay in 1b 40 YEARS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WILLIAM Middle HENRY Last SHADWELL			4. DATE OF DEATH Month DEC Day 27 Year 1957			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 8-1894	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRESSMAN	10b. KIND OF BUSINESS OR INDUSTRY CHARLES E. BROWN PRINTING COMPANY	11. BIRTHPLACE (City and state or country) CLINTON, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME SAMUEL R. SHADWELL	13b. MOTHER'S MAIDEN NAME NANNIE B. WRAY	14. NAME OF HUSBAND OR WIFE MRS. ELSIE SHADWELL
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give unit or dates of service) YES U.S.A.	16. SOCIAL SECURITY NO. 487-07-6966	17. INFORMANT DONALD L. SHADWELL	Address 22 WEST 81ST TERRANCE, KANSAS CITY, MISSOURI
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMPHYSEMA		INTERVAL BETWEEN ONSET AND DEATH 4 YRS 10 YRS. 24 YRS
DUE TO (b) BRONCHIAL ASTHMA		
DUE TO (c) CHRONIC BRONCHITIS		
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"/>

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 <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
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21. I attended the deceased from **MAY 1955** to **DEC 1, 1957** and last saw ^{him} alive on **FEB 1, 1957**
Death occurred at **5:00 A.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James W. Fowler, M.D.	(Degree or title)	22b. ADDRESS 1103 GRAND AVE, KANSAS CITY, MO.	22c. DATE SIGNED 12-27-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 30 1957	23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS	ADDRESS 1331 BRUSH CARRI, KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 12-30-57	26. REGISTRAR'S SIGNATURE Debra Marshall
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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
JAMES W. FOWLER

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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 *Basil V. Honey*

Licensed Embalmer No. *4724*
P. O. Address *R.C. Me*

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.