

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010182
STATE FILE NUMBER
1429

FILED APR 2 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1429

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-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb <u>48 yrs</u>		d. STREET ADDRESS (If outside, give location) 509 A E 14th	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED First Middle Last GARLAND G SHAW			4. DATE OF DEATH Month Day Year 3-17-1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-11-1888
9. AGE (In years last birthday) 70		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) PRINTER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) LAMONTE, MO
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME W. W. SHAW		13b. MOTHER'S MAIDEN NAME FOWLER	
14. NAME OF HUSBAND OR WIFE MURIEL SHAW			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 489-24-3642	
17. INFORMANT Address MURIEL SHAW 509 A E 14			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>2 yrs</u> <u>4500</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. I attended the deceased from <u>11:30-27</u> to <u>3-17-58</u> and last saw her alive on <u>3-17-58</u> Death occurred at <u>hi</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Frank Paul Laurence</u>		22b. ADDRESS <u>928 S White Ave</u>	
22c. DATE SIGNED 3-17-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) 3-19-58		23b. NAME OF CEMETERY OR CREMATORY GREEUHAUN	
23c. LOCATION (City, town, or county) (State) KANSAS CITY, MO			
24. FUNERAL DIRECTOR ADDRESS TASSANTINO Bros KC MO		25. DATE RECD. BY LOCAL REG. 3-18-58	
26. REGISTRAR'S SIGNATURE neva minshall			

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.
MEDICAL CERTIFICATION ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Frank Paul Laurence

