

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022443

STATE FILE NUMBER

FILED JUL 3 1959

Registration District No. 280 Primary Registration District No.

Registrar's No. 41

5. 300
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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY PLATTE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PLATTE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RIVERSIDE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PLATTE CITY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HIGHWAY 71		Length of stay in lb -	d. STREET ADDRESS (If outside, give location) NINE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LEONARD EUBENE SHAW			4. DATE OF DEATH Month Day Year JUNE 27, 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 28, 1925	9. AGE (In years last birthday) MONTHS DAYS HOURS MIN. 33	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINT MAKER		10b. KIND OF BUSINESS OR INDUSTRY PAINT FACTORY	11. BIRTHPLACE (City and state or country) PLATTE COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOE SHAW		13b. MOTHER'S MAIDEN NAME JENNIE TATE		14. NAME OF HUSBAND OR WIFE VIRGINIA BUSH SHAW	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. 493-26-2294		17. INFORMANT Address VIRGINIA SHAW PLATTE CITY, 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) SKULL FRACTURE DUE TO (b) AUTO ACCIDENT 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
20a. ACCIDENT <input checked="" 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. 7:55 a.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY		20f. CITY, TOWN, OR LOCATION RIVERSIDE		COUNTY PLATTE	STATE MO.
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 7:55 a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Roland M. Guffey, Coroner			22b. ADDRESS Platte City, Mo.		22c. DATE SIGNED 6-27-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JUNE 29, 1959	23c. NAME OF CEMETERY OR CREMATORY CAMDEN BINT CEMETERY		23d. LOCATION (City, town, or county) (State) CAMDEN POINT, MO.
24. FUNERAL DIRECTOR Rollins & MITCHELL		25. DATE RECD. BY LOCAL REG. 6. 28. 1959		26. REGISTRAR'S SIGNATURE Uphiea Rollins	

JUL 2 1959



JUL 21 1959

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 *Roland M. Gifford*

Licensed Embalmer No. 4775

P. O. Address *Platte City, Mo.*

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.