

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1363 -61-009123  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1363

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb 11 Mons.  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital Inside Limits Yes  No   
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jackson  
c. CITY OR TOWN Kansas City Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) Little Blue Rd. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Mayme Dornene Shaw  
4. DATE OF DEATH Month 3 Day 14 Year 61  
5. SEX female 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH Jan. 28, 1945 9. AGE (last birthday) 16  
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student  
10b. KIND OF BUSINESS OR INDUSTRY School 11. BIRTHPLACE (City and state or country) Nevada, Missouri  
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Otto Shaw 13b. MOTHER'S MAIDEN NAME Opal Welch 14. NAME OF HUSBAND OR WIFE Never married  
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. None 17. INFORMANT Address Otto Shaw, Kansas 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) Meningococcic meningitis INTERVAL BETWEEN ONSET AND DEATH  
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)  
PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO   
20a. ACCIDENT  SUICIDE  HOMICIDE   
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
20c. TIME OF INJURY Hour 3:45 a.m. p.m. Month, Day, Year 3-14-61  
20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
20f. CITY, TOWN, OR LOCATION West Plains, Missouri COUNTY Union STATE Missouri

21. I attended the deceased from 3-14-61 to 3-14-61 and last saw her alive on 3-14-61  
Death occurred at 3:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Ellis (Degree or title) 22b. ADDRESS 2400 Cherry 22c. DATE SIGNED 3-15-61  
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Mar. 17, 1961 23c. NAME OF CEMETERY OR CREMATORY Union Grove Cemetery 23d. LOCATION (City, town, or county) West Plains, Missouri (State)

24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home, Lee's Summit 25. DATE RECD. BY LOCAL REG. 3-16-61 26. REGISTRAR'S SIGNATURE Ruth Long  
Missouri (Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

**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 *N. B. Longstrech*  
Licensed Embalmer No. 4962  
P. O. Address *Leis Summit*

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.