S. No. 2
—12-45
5-17-39
X47070

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1948

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3052

State File No. 5727

Registrar's No. 26

1. PLACE OF DEATH:

(a) County: Pettis

(b) City or town: Sedalia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 405 W. 7th (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pettis

(c) City or town: Sedalia (If outside city or town limits, write "RURAL")

(d) Street No.: 405 W. 7th St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: ____

3. (a) PRINT FULL NAME: STEPHEN WILLIAM SHEA

3. (b) If veteran, name war: ____

3. (c) Social Security No.: ____

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: ____

6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: February (Month) 5, (Day) 1863 (Year)

8. AGE: Years 84 | Months 11 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace: Smithton (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business: ____

FATHER

12. Name: Cornelius Shea

13. Birthplace: County Kerry (City, town, or county) Ireland (State or foreign country)

MOTHER

14. Maiden name: Bridget Coffey

15. Birthplace: County Kerry (City, town, or county) Ireland (State or foreign country)

16. (a) Informant: Francis L. Smith

(b) Address: Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-4-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: Geo. Dillard

(b) Address: Sedalia, Mo.

19. (a) 2/3/48 (Date received local registrar) (b) Betty Yeager (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd year 1948 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from ____, 1944, to Feb 2, 1948; that I last saw him alive on Feb 1, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis Chronic	2 yrs
Due to	
Due to	
Other conditions: Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): ____

(b) Date of occurrence: ____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? ____ (e) Means of injury: ____

23. Signature: A. L. Walter (M. D. or other) MD

Address: Sedalia Mo. Date signed: 2-3-48

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-27-48

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 Frank S. Coffman Jr., Registered Apprentice No. 16, working under my personal supervision.

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia 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 this body is not embalmed, fact should be so stated above.