

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15398

State File No.

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 45

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|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Daviess</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gallatin</u> | | c. CITY OR TOWN <u>Excelsior Springs</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan Rest Home</u> | | e. STREET ADDRESS (If rural, give location) <u>---410 East Broadway</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Loren</u> c. (Last) <u>Sheehy</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 1954</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Sept. 10 1877</u> |
| 9. AGE (In years last birthday) <u>76</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | 11. BIRTHPLACE (City and State or Foreign Country) / <u>Iowa</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Labor</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Myles Sheehy</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Chase</u> | 14. NAME OF HUSBAND OR WIFE <u>---</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown.) <u>Yes Philippine Ins.</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Morris Sheehy</u> ADDRESS <u>410 E. Broadway Excelsior Spgs. Mo.</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cachectic State severe</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis unknown</u> DUE TO (c) <u>primary focus unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>1999</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>5/12/54</u> to <u>5/16/54</u> , that I last saw the deceased alive on <u>5/16/54</u> , and that death occurred at <u>5 P.M.</u> from the causes and on the date stated above. | | | |
| 22a. SIGNATURE (In case or title) <u>Wm. D. Sullivan</u> | | 22b. ADDRESS <u>Gallatin</u> | 22c. DATE SIGNED <u>5/20/54</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>5-18-54</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Gallatin, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>5-28-54</u> | REGISTRAR'S SIGNATURE <u>Vigence M. Engelhart</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u> ADDRESS <u>Gallatin, Mo.</u> | |

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

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 *L. O. Fisherson*

Licensed Embalmer No. *330*

P. O. Address *Fall River*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.