

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 27691  
Registrar's No. 3671

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3671	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (In this place) 57 1/2 years		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		35-2-8	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3335 Flora				d. STREET ADDRESS (If rural, give location) 3335 Flora			
3. NAME OF DECEASED (Type or Print) a. (First) Dennis		b. (Middle) R		c. (Last) Sheedy		4. DATE OF DEATH (Month) (Day) (Year) July 24 1954	
5. SEX D Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH March 24, 1882		9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Transfer Man		10b. KIND OF BUSINESS OR INDUSTRY Owner-Union Trsf.Co.		11. BIRTHPLACE (State or foreign country) Warrensburg, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Patrick Sheedy		13b. MOTHER'S MAIDEN NAME Elizabeth Murphy		14. NAME OF HUSBAND OR WIFE -0-			
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. -0-		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Riest, 1307 Monroe			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary + Cerebral arterio-sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arterio-sclerosis DUE TO (c) None heat exhaustion II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None heat exhaustion				INTERVAL BETWEEN ONSET AND DEATH 2 yrs over 2 yrs. 7 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		4201K	
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 12-22, 1952, to 7-24, 1954, that I last saw the deceased alive on July 19, 1954, and that death occurred at m., from the causes and on the date stated above.							
23a. SIGNATURE Leo A. O'Brien (Degree or title) D				23b. ADDRESS 1002 Argyle - K.C. Mo.		23c. DATE SIGNED 7-26-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/27/54		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 7-26-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Quirk & Tobin, 20 W. Linwood, K.C. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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, ~~for~~ .....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Fred Q. Coldenow*

Licensed Embalmer No. *4714*

P. O. Address *Kansas City Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.