

THE DIVISION OF HEALTH OF MISSOURI
 FILED MAR 12 1956 STANDARD CERTIFICATE OF DEATH

5467

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5621 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Edina Rural</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina Rural</u> <u>0 520</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>3 Mi. West of Edina</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Mi. West of Edina</u>		e. STREET ADDRESS (If rural, give location) <u>3 Mi. West of Edina</u>	

3. NAME OF DECEASED (Type or Print) <u>Peter Joseph Sheridan</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>March 7 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 22, 1875</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Youngstown, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Peter Sheridan</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine O'malia</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492-42-6065</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edward Sheridan</u>	ADDRESS <u>Edina, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>		
	DUE TO (c) <u>Senility + nephritis</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>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 May 1950, to Mar 7, 1956, that I last saw the deceased alive on Feb 22, 1956, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Maeda B. Brown MD</u>	23b. ADDRESS <u>Knox City Mo</u>	23c. DATE SIGNED <u>3/8/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-9-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Josephs New Cath.</u>	24d. LOCATION (City, town, or county) (State) <u>Edina Missouri</u>
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DATE REC'D BY LOCAL REG. <u>March 9-56</u>	REGISTRAR'S SIGNATURE <u>Helle A. Hunt</u>	151-D	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Kinghouse</u>	ADDRESS <u>Edina Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed *Paul C. Kriegerhaus*

Licensed Embalmer No. *4085*

P. O. Address *Edina, 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.