FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13485

State File No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1401

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 41 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clinton
c. CITY OR TOWN: Lathrop
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First): LEO
b. (Middle): STANLEY
c. (Last): SHEETS

4. DATE OF DEATH (Month) (Day) (Year): March 31, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-28-27
9. AGE (In years last birthday): 29 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Holt, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James O. Sheets
13b. MOTHER'S MAIDEN NAME: Mary Belle Odor
14. NAME OF HUSBAND OR WIFE: Minnie Ruth Sheets

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 492 38 4934
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Official Veterans Hospital Records

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) Mucinous adenocarcinoma of rectum with metastasis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

VA

22. *I hereby certify that I attended the deceased from* February 21 *19*56, *to* March 31, *19*56, *that I last saw the deceased alive on* ////////////// *and that death occurred at* 2:35P *m., from the causes and on the date stated above.*

23a. SIGNATURE R. J. Richardson (Degree or title): R. J. RICHARDSON, M.D.
23b. ADDRESS: Veterans Administration Hospital 4801 Linwood Blvd., K. C. Mo.
23c. DATE SIGNED: 3-31-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 2-56
24c. NAME OF CEMETERY OR CREMATORY: Kearney Fairview
24d. LOCATION (City, town, or county) (State): Lee's Kearney, Mo.

DATE REC'D BY LOCAL REG.: 4-1-56
REGISTRAR'S SIGNATURE: Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Leonard Fry Kearney Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 25 1956

JUL 31 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed G. N. Nise

Licensed Embalmer No. 25

P. O. Address Smithv

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