

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

1462

State File No. _____

FILED FEB 4 1957

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|---|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>327</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased resided. Institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>R.C. Moore</u> | | c. LENGTH OF STAY (In this place) <u>2 day</u> | | c. CITY OR TOWN <u>de Soto</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>R.R. 1, DeSoto</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Dennis Norman</u> | | b. (Middle) _____ | | c. (Last) <u>Shehan</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 19 - 1957</u> | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, or WIDOWER, DIVORCED (Specify) <u>Child</u> | | 8. DATE OF BIRTH <u>Dec. 31 - 1947</u> | |
| 9. AGE (years last birthday) <u>9</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>School</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kan. City Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>Allen M. Shehan</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sorene Douda</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Allen M. Shehan, DeSoto, Kan.</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>Cirrhosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hepatitis, infectious</u> <u>6 mo.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>092 X</u> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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>Jul. 20, 1956</u> , to <u>Jan. 19, 1957</u> , that I last saw the deceased <u>alive on Jan 18, 1957</u> , and that death occurred at <u>12:30 a. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Paul B. Burger</u> | | | | 23b. ADDRESS <u>5949 Nieman - Shawnee K.</u> | | 23c. DATE SIGNED <u>1-19-57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>Jan-19-57</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Seneca Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Seneca, Kansas</u> | |
| DATE REC'D BY LOCAL REG. <u>1-22-57</u> | | REGISTRAR'S SIGNATURE <u>Neva Minshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Simon</u> | | ADDRESS <u>K.C.K.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Paul B. Burger

Rev 2-13-82

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..... *H. Linneman*

Licensed Embalmer No. *3903*

P. O. Address *KOK*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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