

FILED AUG 23 1957

## STANDARD CERTIFICATE OF DEATH

Registration District No. 146Primary Registration District No. 5-5-68Registrar's No. 355

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4 Pines Rest Home</b>		Length of stay in 1b <b>5 mo</b>		d. STREET ADDRESS (If outside, give location) <b>4303 Carlisle</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>MARGA RIST SHEEHAN</b>			4. DATE OF DEATH Month <b>Aug</b> Day <b>10</b> Year <b>57</b>						
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>5/1/1862</b>		9. AGE (In years last birthday) <b>95</b>	10. FUNDING YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (City and state or country) <b>Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A.</b>			
13a. FATHER'S NAME <b>Hanley</b>			13b. MOTHER'S MAIDEN NAME <b>No record</b>			14. NAME OF HUSBAND OR WIFE <b>Maurice Sheehan (Dec)</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT Address <b>Mrs. Ann Gott. 4303 Carlisle</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Cardiac Failure</b>								INTERVAL BETWEEN ONSET AND DEATH <b>1 Day</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Acute Pyelitis</b>								<b>3 Days</b>	
DUE TO (c) <b>6000</b>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerotic Cardio-Vascular Dis</b>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>May 23, 1957</b> to <b>Aug 10, 1957</b> and last saw <sup>him</sup> alive on <b>Aug 9, 1957</b> Death occurred at <b>7:00 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>A. Deshlerman</b> (Degree or title) <b>M.D.</b>				22b. ADDRESS <b>4233 Blue Ridge Blvd</b>		22c. DATE SIGNED <b>Aug 12, 1957</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8/12/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cem</b>		23d. LOCATION (City, town, or County) <b>Kansas City, Mo</b>		(State)	
24. FUNERAL DIRECTOR <b>Sheil Funera Home</b>			ADDRESS <b>47 &amp; Blue Ridge blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>8-12-57</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>		

AUG 20 1957

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 *Thomas R. Smith* .....

Licensed Embalmer No. *4954* .....  
P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.