

FILED FEB 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4264
STATE FILE NUMBER

Registration District No. 364 Primary Registration District No. 6241 Registrar's No. 17

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| 1. PLACE OF DEATH a. COUNTY <u>Washington</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bretton</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <u>1100</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 mi N. Potosi all g life</u> | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) <u>6 mi N. Potosi</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Albert</u> Last <u>Sheehan</u> | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>5</u> Year <u>1958</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 20 1885</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ref. Mener</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>mining</u> | 9. AGE (In years last birthday) <u>74</u> |
| 11. BIRTHPLACE (City and state or country) <u>Washington Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Frank Sheehan</u> | | 13b. MOTHER'S MAIDEN NAME <u>Justine Bequette</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u> | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Justine Singu Cadet mo RT 1.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Apoplexy</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>arterio sclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <u>Paralysis agitans</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>few hours</u> |
| 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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____ | 20d. INJURY OCCURRED WHILE AT WORK <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 <u>Feb. 4-1958</u> to <u>Feb. 5-1958</u> and last saw <u>him</u> alive on <u>Feb. 4-1958</u> Death occurred at <u>3:00 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Joseph L. Thurman - M.D.</u> | | 22b. ADDRESS <u>Potosi, Mo.</u> | |
| 22c. DATE SIGNED <u>2-8-1958</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>2-8-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Josephs Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Mrs. Luther Spahr Potosi Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>2/11/58</u> | 26. REGISTRAR'S SIGNATURE <u>Herbert Rudall</u> |

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Murphy L. ...*
Licensed Embalmer No. *4236*
P. O. Address *Stallman, 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.