

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-025423

STATE FILE NUMBER

3353

FILED VS JUL 27 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3353

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lenexa		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION StLukes Hosp.			Length of stay in lb 7 Weeks		STREET ADDRESS 9040 Haskins		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Thomas Middle Francis Last Sheridan				4. DATE OF DEATH July 7, 1959 Month July Day 7 Year 1959					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 12, 1883		9. AGE (In years last birthday) 75 IF UNDER 1 YEAR IF UNDER 24 HRS. Months 7 Days 5 Hours 5 Min. 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired			10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and state or country) Shawnee Kansas		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Patrick Sheridan				14. MOTHER'S MAIDEN NAME Margaret Nolan					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT Geneva Sheridan Lenexa Kansas Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia							INTERVAL BETWEEN ONSET AND DEATH 1 wk.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____							491XH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) (1) Arteriosclerotic Heart Disease (2) Carcinoma of Prostate							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 1957 to July 7, 1959 and last saw him alive on July 7, 1959 Death occurred at 2 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Harold W. Voth, M.D.				22b. ADDRESS 201 Plaza Med Bldg. Kansas City, Mo.			22c. DATE SIGNED July 8, 1959		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 10, 1959	23c. NAME OF CEMETERY OR CREMATORY Resurrection		23d. LOCATION (City, town, or county) (State) Lenexa Kansas				
24. FUNERAL DIRECTOR J. Royce Hoge				ADDRESS Overland Park 7-8-59		25. DATE RECD. BY LOCAL REG. never		26. REGISTRAR'S SIGNATURE Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Harold W. Voth

Doctor, coroner, etc. must use only standard nomenclature. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

300-56

Health, Welfare, Public Service

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 *J. Royce Hogg*.....

Licensed Embalmer No. *357*

P. O. Address *Carlsbad*

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.