

FILED JUL 1 1949 STANDARD CERTIFICATE OF DEATH

State File No. 19991

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 267

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (In this place) 112 Yrs		d. STREET ADDRESS (If rural, give location) 3203 Range Line	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Timothy	a. (First)	b. (Middle) P	c. (Last) Shea	4. DATE OF DEATH (Month) 6 (Day) 8 (Year) 49
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 27, 1878	9. AGE (In years last birthday) 70	10 UNDER 1 YEAR Months 8 Days 11	11 UNDER 1 HR. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Charleston, Illinois	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME John P. Shea	13b. MOTHER'S MAIDEN NAME Mary Driscoll	14. NAME OF HUSBAND OR WIFE Emma Shea
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Emma Shea	ADDRESS Joplin, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Addison's disease		about
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2 mths	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 7, 1949, to June 8, 1949, that I last saw the deceased alive on June 8, 1949, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. B. Jogerst D.O.	23b. ADDRESS Joplin, Mo.	23c. DATE SIGNED 6/8/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-10-49	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial	24d. LOCATION (City, town, or county) (State) Joplin, Mo.
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DATE REC'D BY LOCAL REG. 6-11-49	REGISTRAR'S SIGNATURE	58	25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker Mortuary	ADDRESS Joplin, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6-27-49

Jasper County Health Office

County File Number 49-6-483

Date Filed 6-30-49

AUG 8 1949

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 Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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 this body is not embalmed, fact should be so stated above.