

This was held for  
new **FILED NOV 25 1949**  
Registrar

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32884**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **304**

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Knox</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Edema - Rural</b>	
c. LENGTH OF STAY (in this place) <b>3 days</b>		d. STREET ADDRESS (If rural, give location) <b>East Lion</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>KCOS</b>			

3. NAME OF DECEASED a. (First) <b>John</b> b. (Middle) <b>Lawrence</b> c. (Last) <b>Sheridan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-3 1949</b>	
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>June 17 1881</b>		9. AGE (In years last birthday) <b>68</b> IF UNDER 1 YEAR Months <b>3</b> Days <b>16</b> IF UNDER 1 HR. Hours <b>1</b> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Edema Knox Co Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Peter Sheridan</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine O'Malia</b>		14. NAME OF HUSBAND OR WIFE <b>Not Married</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>E.A. Sheridan</b>		ADDRESS <b>Edema Mo.</b>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Toxemia</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Intestinal Obstruction</b>				<b>80 hrs</b>	
		DUE TO (c) <b>Intestinal Volvulus</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>5705</b>	

19a. DATE OF OPERATION <b>Oct 1 49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Intestinal Volvulus</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 **Sept 30, 1949**, to **Oct 3, 1949**, that I last saw the deceased alive on **Oct 3, 1949**, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Bornelius</b>		(Degree or title)		23b. ADDRESS <b>Edema, Mo.</b>		23c. DATE SIGNED <b>Oct 4, 49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>10-6-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Catholic</b>		24d. LOCATION (City, town, or county) (State) <b>Edema Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>10-28-49</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L.B. Kelly</b>		ADDRESS <b>Edema Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 31 1949  
District Health Officer No. \_\_\_\_\_  
District File Number 10-49-6  
Date Rec'd OCT 31 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

*Richard B. Kelly*

Licensed Embalmer No. 4496

P. O. Address Edina, Minn

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.