

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

State File No. 40879

FILED DEC 29 1949

Registration District No. 198

Primary Registration District No. 5466

Registrar's No. 1113

1. PLACE OF DEATH: Greene
 (a) County Polk ~~Thomas~~ Gresham
 (b) City or town Springfield no Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 0 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Dallas 30
 (c) City or town Louisburg (Rural) 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. none
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ROY THOMAS O'SHEA
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 709-16-9869

20. DATE OF DEATH: Month Dec day 15
 year 1949 hour 4 minute 45 A.M.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced 5 0
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Dec 6, 1949 to Dec 14, 1949
 that I last saw him alive on Dec 14, 1949
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: March - 24 1906
 (Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
43 6 21 hr. _____ min.

Immediate cause of death bronchial pneumonia Duration 4 days
 Due to exposure
 Due to _____

9. Birthplace Louisburg MO
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 12. Name John P. O'Shea
 13. Birthplace Louisiana
 (City, town, or county) (State or foreign country)
 14. Maiden name LUCY ANN PETERS
 15. Birthplace Mercer Co. MO
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant MRS ANNA LESLEY
 (b) Address OAKLAND CALIF
 17. (a) Burial (b) Date thereof Dec-18-1949
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation MISSIONARY RIDGE CEM

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Vaughan-Reese
 (b) Address Urbania Mo
 19. (a) 12-19-49 (b) W E Handley M.D.
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury fall
 23. Signature C. P. Bailey (M. D. or other) MD
 Address Urbania Mo Date signed Dec 15

MAR 21 1950

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Hobart, 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.