

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12057

Registrar's No. 440

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 440		
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 57 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1810 S. 20th Street				d. STREET ADDRESS (If rural, give location) 1810 S. 20th Street				
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) Emmett		c. (Last) Shea		4. DATE OF DEATH (Month) (Day) (Year) April 4, 1950.		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH June 2, 1874		
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Senior Partner			10b. KIND OF BUSINESS OR INDUSTRY Live Stock Commission			11. BIRTHPLACE (State or foreign country) Georgetown, Kentucky. /		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Jeremiah Shea		13b. MOTHER'S MAIDEN NAME Katherine Barrett		14. NAME OF HUSBAND OR WIFE May Shea	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No *****		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. May Shea St. Joseph, Missouri.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary atherosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1.0 Min. 3 yrs. 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)				
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?				
22. I hereby certify that I attended the deceased from Jan. 19, 1950, to Apr. 4, 1950, that I last saw the deceased alive on Apr. 4, 1950, and that death occurred at 10:15 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) W. M. Jacobson				23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 4/5/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 6, 1950		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.		
DATE REC'D BY LOCAL REG. Apr 12, 1950		REGISTRAR'S SIGNATURE G. B. Jenkins		382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Meierhoff 1946 Colhoun St. St. Joseph, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

0117

JUL - 6 1950

APR 17 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 *****

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Albert C. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.