

FILED SEP 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 29781

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY C lay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Excelsior Springs, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp. Excelsior Springs, Mo.		d. STREET ADDRESS (If rural, give location) 557 Walnut	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) E. c. (Last) Shaughnessy			4. DATE OF DEATH (Month) (Day) (Year) September 21, 1950		
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5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 9, 1896	9. AGE (In years last birthday) 54 Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dishwasher	10b. KIND OF BUSINESS OR INDUSTRY Cafe	11. BIRTHPLACE (State or foreign country) St. Bridges, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edward Shaughnessy	13b. MOTHER'S MAIDEN NAME Mary Nester	14. NAME OF HUSBAND OR WIFE Alice Shaughnessy
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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) Yes World War I	16. SOCIAL SECURITY NO. Not rem.	17. INFORMANT'S SIGNATURE OR NAME Hospital Records, Veterans Adm. Excelsior Springs, Mo.	ADDRESS Hospital
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, pulmonary, chronic, far advanced, active, severe symptoms		INTERVAL BETWEEN ONSET AND DEATH Unknown
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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 July 21, 1950, to Sept. 21, 1950, and that death occurred at 12:55p m., from the causes and on the date stated above.

23a. SIGNATURE Roy K. Smith	(Degree or title) M.D.	23b. ADDRESS Excelsior Springs, Missouri	23c. DATE SIGNED 9/21/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept 22-1950	24c. NAME OF CEMETERY OR CREMATORY not known	24d. LOCATION (City, town, or county) (State) Seneca, Kans.
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DATE REC'D BY LOCAL REG. 9/13/50	REGISTRAR'S SIGNATURE Caroline Hatching	62	25. FUNERAL DIRECTOR'S SIGNATURE Hope Sunil Home	ADDRESS Excelsior Springs Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *James H. Moles*

Licensed Embalmer No. *3296*

P. O. Address *Ex Springs 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.