

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20654**  
**3338**

FILED OCT 7 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>50 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>221 Plaza Medical Bldg</b>		d. STREET ADDRESS (If rural, give location) <b>3309 Jefferson</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>			b. (Middle) <b>C</b>			c. (Last) <b>SHEAHAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 19 1950</b>		
--	--	--	----------------------	--	--	--------------------------	--	--	--	--	--

5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept 18 1887</b>		9. AGE (in years last birthday) <b>63</b>		IF UNDER 1 YEAR Months <b>---</b> Days <b>---</b>		IF UNDER 24 HRS. Hours <b>---</b> Min. <b>---</b>	
-----------------------	--	----------------------------------	--	--	--	---	--	--	--	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>H.D. Lee Mercantile</b>			11. BIRTHPLACE (State or foreign country) <b>Kansas City, Kansas</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		
---	--	--	---	--	--	---	--	--	--	--	--

13a. FATHER'S NAME <b>Daniel Sheahan</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Murphy</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs. Vella Sheahan</b>		
---	--	--	--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-03-3815</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Vella Sheahan</b>		ADDRESS <b>3309 Jefferson</b>	
---	--	---	--	--	--	----------------------------------	--

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>	
		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.						<b>0000</b>	

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 June 6, 1948, to Sept 19, 1950, that I last saw the deceased alive on Sept 19, 1950, and that death occurred at 12:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE <b>Sam H. Salder</b>		(Degree or title) <b>Southwest Missouri State M.D.</b>		23b. ADDRESS <b>221 Plaza Medical Bldg</b>		23c. DATE SIGNED <b>Sept 20 1950</b>	
--	--	---	--	---	--	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 22 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
--	--	----------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <b>9-21-50</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Quirk &amp; Robin</b>		ADDRESS <b>20 West Linwood</b>	
--	--	--	--	--	--	-----------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

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 Forrest D. Caldwell

Signed.....  
Student Embalmer

Licensed Embalmer No. 4714

P. O. Address K.C. 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.