

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4669

FILED MAR 10 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 199-B

396

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	
c. LENGTH OF STAY (in this place) 40 YRS.		d. STREET ADDRESS (If rural, give location) 1210 N. JEFFERSON	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1210 N. JEFFERSON			

3. NAME OF DECEASED (Type or Print) WILLIAM P. SHEAN			4. DATE OF DEATH FEB. 29, 1952		
a. (First)		b. (Middle)		c. (Last)	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 13 1889	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST	10b. KIND OF BUSINESS OR INDUSTRY FRISCO RAILROAD	11. BIRTHPLACE (State or foreign country) NEVADA, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JACK SHEAN	13b. MOTHER'S MAIDEN NAME CORNELIA HANDLEY	14. NAME OF HUSBAND OR WIFE LULU BERNIECE SHEAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME WM. J. SHEAN	ADDRESS SPRINGFIELD, MO.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 min.
	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		15 yrs.
	DUE TO (c) Arteriosclerosis		15 yrs.
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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield Greene Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 29 1952 6p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? While in bed at rest.
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22. I hereby certify that I attended the deceased from Not in attendance, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE Francis J. McDonough, Jr. M.D. (Degree or title)	23b. ADDRESS Prof. Bldg. Springfield, Mo.	23c. DATE SIGNED 3-2-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/2/52	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
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DATE REC'D BY LOCAL REG. 3-3-52	REGISTRAR'S SIGNATURE James R. Amos, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.
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APR 1 1954

APR 22 1954

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

Walter E. Hamella

Signed.....
Student Embalmer

Licensed Embalmer No. 3808

P. O. Address. Springfield, 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.