

SEP 29 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30837

State File No.

BIRTH NO. _____ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1015

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>419 So. 15th</u>		d. STREET ADDRESS (If rural, give location) <u>419 So. 15th</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aloysius</u> b. (Middle) <u>P</u> c. (Last) <u>Sheridan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19, 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct. 19, 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired (1)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Salesman</u>	9. AGE (In years last birthday) <u>60</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 WKS: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Patrick Sheridan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Mc Gee</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>Yes W.W.#1</u>	
16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Teresa Sheridan St. Joseph, Mo.</u>	
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) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Tertiary Syphilis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CNS Les</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0-1-X</u>	
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) (Min.)		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 <u>July, 1948</u> to <u>19 Sept, 1952</u> , that I last saw the deceased alive on <u>19 Sept, 1952</u> , and that death occurred at <u>6 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Clemens P. ...</u>		23b. ADDRESS <u>St. Joseph, Mo.</u>	
23c. DATE SIGNED <u>20 Sept 52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-22-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman W. ... 1802 Union St.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 25, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. ...</u>	

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

SEP 30 1952

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 Robert H. Gaph

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.