

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **2043**

FILED FEB 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 20

542  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits; write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits; write RURAL and give township) OR TOWN <u>Lexington</u> <u>154.2</u>	
c. LENGTH OF STAY (In this place) <u>4 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1110 Highland Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1110 Highland Ave.</u>		1110 Highland Ave.	
3. NAME OF DECEASED a. (First) <u>Wilbert</u> b. (Middle) <u>Scott</u> c. (Last) <u>Shehan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 21, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 20, 1881</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Street car conductor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>employee</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Salem Illinois.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles Shehan</u>	
13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Pottedum</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Shehan</u>		ADDRESS <u>Lexington, 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>Chronic myocarditis</u>  ANTECEDENT CAUSES DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Hypertension</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paralysis left side</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u>		<u>6 mos.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>331x</u>	
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 <u>Jan. 19, 1953</u> , to <u>Jan. 21, 1953</u> , that I last saw the deceased alive on <u>Jan. 21, 1953</u> , and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ben H. Brasher M.D.</u>		23b. ADDRESS <u>Lexington, Mo.</u>	
23c. DATE SIGNED <u>2/2/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>January 24, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>		DATE REC'D BY LOCAL REG. <u>2-4-53</u>	
REGISTRAR'S SIGNATURE <u>Wm. E. ...</u>		FUNERAL DIRECTOR'S SIGNATURE <u>...</u>	
ADDRESS		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 1953

*Handwritten initials*

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 *W. J. [Signature]*

Licensed Embalmer No. *2983*

P. O. Address *Libington, Maine*

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.