

FILED FEB 23 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2387

State File No. ....

BIRTH NO. .... REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 5849 Registrar's No. 3

740  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Conception</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nodaway rural Jefferson</u>	
c. LENGTH OF STAY (in this place) <u>7</u> yrs.		d. STREET ADDRESS " (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Convent</u>			

3. NAME OF DECEASED (Type or Print), a. (First) <u>Miss Hannah</u> b. (Middle) <u>Shea</u> c. (Last)	4. DATE OF DEATH <u>Jan 25 1953</u> (Month) (Day) (Year)
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Jan 23 1866</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Denver Colorado</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Jerimah Shea</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Carroll</u>	14. NAME OF HUSBAND OR WIFE <u>single</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul L. Schrader</u>	ADDRESS <u>Conception Jct, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 DAYS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE ENTERITIS (INFLUENZA E)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____ <u>482 X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHRONIC CHOLECYSTITIS &amp; CHOLELITHIASIS</u> <u>CHRONIC BRONCHITIS</u>		2 YRS	

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 FEB. 23, 1952, to JAN. 25, 1953, that I last saw the deceased alive on JAN. 25, 1953, and that death occurred at 4:30 pm from the causes and on the date stated above.

23a. SIGNATURE <u>Paul J. Kadell</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Conception Jct., Mo.</u>	23c. DATE SIGNED <u>1/26/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1/27/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Columba</u>	24d. LOCATION (City, town, or county) (State) <u>Conception, Nodaway Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 26-53</u>	REGISTRAR'S SIGNATURE <u>Miss Elye Crenshaw</u>	370 E	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd H. Phillips</u>	ADDRESS <u>Stouffville</u>
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*Dr. Paul J. Knobel*

**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 *Lately A. Blum*

Licensed Embalmer No. *1898*

P. O. Address *Stonington, MD*

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.