

FILED MAY 21 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18252  
State File No. 2358  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>46 years</b>		d. STREET ADDRESS (If rural, give location) <b>6329 Baltimore Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Research Hosp.</b>			
3. NAME OF DECEASED a. (First) <b>Mrs Hattie</b> (Type or Print)		b. (Middle) <b>Mae</b>	
c. (Last) <b>Sheehan</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 5, 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Dec. 7-1874</b>
9. AGE (In years last birthday) <b>78 years</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Council Grove, Kas. /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>J. F. Schmidt</b>		13b. MOTHER'S MAIDEN NAME <b>Incy Ann Thompson</b>	
14. NAME OF HUSBAND OR WIFE <b>Ben J. Sheehan</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>W. P. Naughton</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.		19. ADDRESS <b>5407 W. 50-Mission, Kas</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>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arteriosclerosis</b>	
DUE TO (c) <b>diabetes mellitus</b>		DUE TO (c) <b>diabetes mellitus</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>block</b>	
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	
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 <b>4-28</b> , 19 <b>53</b> , to <b>5-5</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>5-4-53</b> , and that death occurred at <b>6 A.M.</b> from the causes and on the date stated above.	

23a. SIGNATURE <b>M. J. M. Osgood</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>928 Prof. Bldg - BC Mo</b>		23c. DATE SIGNED <b>5-5-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 7, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>K.C. Mo.</b>		DATE REC'D BY LOCAL REG. <b>5-6-53</b>		REGISTRAR'S SIGNATURE <b>Leraldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Thos. E. Quirk</b>		ADDRESS <b>4316 Troost Ave.</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE 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

Student Embalmer No. 69

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Thomas Reid*  
3715  
N. E. 3rd

Licensed Embalmer No.

P. O. Address

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.