

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28857**  
Registrar's No. **3937**

BIRTH NO. **52382** 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>Missouri</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 OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>4 days</b>		e. STREET ADDRESS (If rural, give location) <b>3955 Warwick Blvd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Cynda</b>		b. (Middle) <b>Louise</b>		c. (Last) <b>Sheridan</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 6 1953</b>		
5. SEX <b>Fe.</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>XXXXX 0</b>		8. DATE OF BIRTH <b>Aug. 2, 1953</b>		9. AGE (In years last birthday) <b>4</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>4</b>	IF UNDER 24 HRS. Hours <b>4</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>XXXXX</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XXXXX</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		

13a. FATHER'S NAME <b>Ronald Sheridan</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Skaggs</b>		14. NAME OF HUSBAND OR WIFE <b>XXXXXX</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>XXXXXX XXXXX</b>		16. SOCIAL SECURITY NO. <b>XXXXXX</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ronald Sheridan</b> ADDRESS <b>3955 Warwick Blvd.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		<b>4 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Birth injury (Breast)</b> DUE TO (c) <b>Thrombopenia</b>		<b>7600</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 **Aug 5** 19**53**, to **Aug 6**, 19**53**, that I last saw the deceased alive on **Aug 6**, 19**53**, and that death occurred at **4 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. A. Tabris</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>411 Nichols Rd.</b>	23c. DATE SIGNED <b>8/7/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>8/8/1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>	24d. LOCATION (City, town, or county) (State) <b>Jackson County Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8-7-53</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>BENTLEY MORTUARY.</b> ADDRESS <b>5811 Troost</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Eugene H. Ferguson, M.D.  
Professional Bldg.  
~~1103 Grand~~

VK 1020

J. A. Tabris 70  
Je. 5360  
251 Plaza Towers  
411 Nichols Rd.

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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 453

P. O. Address Kansas

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.