

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45107**
6137

FILED JAN 22 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>4 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>411 2437 Troost</u>		(If rural, give location) <u>3410</u>	
3. NAME OF DECEASED (Type or Print) <u>Dorothy</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Sheridan</u>	4. DATE OF DEATH (Month) <u>12</u> (Day) <u>28</u> (Year) <u>1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>6-26-1906</u>
9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>
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 _____	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Charles Boyd</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Tippin</u>	14. NAME OF HUSBAND OR WIFE <u>Owen Sheridan</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>Erna Lea Hicks, 2441 Troost, K.C. Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe acute suppurative pyelo-nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc.. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		6000
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	II. OTHER SIGNIFICANT CONDITIONS <u>Thyroid atrophy myxedema</u> Conditions contributing to the death but not related to the disease or condition causing death.		_____
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) (m.) _____	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>Dec. 27, 1953</u> , to <u>Dec. 28, 1953</u> , that I last saw the deceased alive on <u>Dec. 28, 1953</u> , and that death occurred at <u>5:50P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>B.I. Burns, M.D.</u> (Degree or title)		23b. ADDRESS <u>24th & Cherry</u>	23c. DATE SIGNED <u>12-29-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12/29/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stanton Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Buffalo, Missouri</u>
DATE REC'D BY LOCAL REG. <u>12-30-53</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE, Kansas City, Missouri</u>	

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.....
Eugene J. Lemmon

Licensed Embalmer No. 463
P. O. Address.....
San Antonio

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.