

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **5561**

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. **237** PRIMARY REG. DIST. NO. **4353** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Indiana b. COUNTY Allen	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gideon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Haven 9130/8	
c. LENGTH OF STAY (in this place) 1 yr		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			
3. NAME OF DECEASED (Type or Print) a. (First) Leonard b. (Middle) Harvey c. (Last) Sheehan			4. DATE OF DEATH (Month) (Day) (Year) 3 11 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-11-1879
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter & Builder	11. BIRTHPLACE (State or foreign country) Monroeville, Ind.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter & Builder		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wm. Sheehan		13b. MOTHER'S MAIDEN NAME Rebecca Jones	14. NAME OF HUSBAND OR WIFE Pearl Sheehan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 312-16-8892	17. INFORMANT'S SIGNATURE OR NAME R.L. Sheehan ADDRESS New Haven, Ind.
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) acute coronary occlusion	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension	
		DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH 30 min 4 Yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		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 1-4-1954, to 3-11-54, that I last saw the deceased alive on 3-10-54, and that death occurred at 6:00 pm, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)		23b. ADDRESS	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-13-54	
24c. NAME OF CEMETERY OR CREMATORY Io of Cemetery		24d. LOCATION (City, town, or county) (State) New Haven, Ind.	
DATE REC'D BY LOCAL REG. 3-12-54		REGISTRAR'S SIGNATURE Mrs. F. G. Hopkins	
25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Russell Piggott, Emb		ADDRESS	

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

working under my personal supervision.

Student Embalmer No.

Signed

Lloyd Russell

Signed.....
Student Embalmer

Licensed Embalmer No. *509 - Ark*

P. O. Address *Joplin, Ark*

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.