

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 35967

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9296

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>30 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		1087
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri-Pacific Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>528 S. Main St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Alexius</u>	c. (Last) <u>Sheridan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>17 July 1881</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Round house worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Patrick Sheridan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Cogan</u>		14. NAME OF HUSBAND OR WIFE <u>Mamie</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>702-18-2075</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John A. Sheridan, Nevada, Mo.</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Prostate</u> DUE TO (c) <u>Paget's Disease</u>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paget's Disease</u>				
19a. DATE OF OPERATION <u>4 Oct '54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Prostate</u>			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) <u>177X</u>			
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 <u>Sept 21, 1954</u> , to <u>Oct. 12, 1954</u> , that I last saw the deceased alive on <u>Oct 12, 1954</u> , and that death occurred at <u>7:50 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>H. E. With, M.D.</u>			23b. ADDRESS <u>Rt. Jones Mo</u>		23c. DATE SIGNED <u>13 Oct '54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>emoval</u>	24b. DATE <u>10-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>OCT 13 1954</u>	REGISTRAR'S SIGNATURE <u>Charles Smith, MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John S. Deaneh

Licensed Embalmer No. *4199*

P. O. Address *St. Louis, Mo.*

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.