

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1954

State File No. \_\_\_\_\_

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

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5456</u>		Registrar's No. <u>10410</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____			
b. CITY OR TOWN <u>Ray, Wilson, On Hiway M</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY OR TOWN <u>UNKNOWN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ON Hwy "M" (Roadside Camp)</u>				• STREET ADDRESS (If rural, give location) <u>0290</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ed</u>		b. (Middle) _____		c. (Last) <u>Sheeley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 11 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>unknown about 75</u>	
9. AGE (In years last birthday) _____		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 1 MIN. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Sheriff Clay Hodges - Christian Co.</u>		ADDRESS _____		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Probable Coronary Vascular Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		ANTECEDENT CAUSES (Man found dead in roadside camp)		DUE TO (b) _____		DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS 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 type="checkbox"/> NO <input checked="" type="checkbox"/>		UNATTENDED BY A PHYSICIAN			
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>4201</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 _____ to _____, and that death occurred at _____ <u>9</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Carroll Williamson</u>		(Name or title) <u>Local Registrar of Vital Statistics</u>		23b. ADDRESS <u>Greene County Court House</u>		23c. DATE SIGNED <u>11/13/54</u>	
23d. ADDRESS <u>Springfield, Missouri</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/15/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>		DATE REC'D BY LOCAL REG. <u>11/13/54</u>		REGISTRAR'S SIGNATURE <u>Carroll Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee J. ...</u>	
ADDRESS <u>Springfield, Missouri</u>		(Licensed Embalmer's Statement on Reverse Side)					

**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 Tex Lanning  
Licensed Embalmer No. 3312

P. O. Address Apogee Dr

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.