

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

State File No. 39941

FILED NOV 16 1954

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6228</u>		Registrar's No. <u>202</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE <u>Missouri</u> c. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <u>Rural Henry</u>			c. LENGTH OF STAY (In this place) <u>14 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Henry</u>			<u>1080</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3 miles NW Stotesbury</u>				d. STREET ADDRESS (If rural, give location) <u>3 miles NW Stotesbury</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph Grover</u> b. (Middle) <u>SHEEHY</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>October 28, 1954</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>6-6-1888</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</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>Thomas Sheehy</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Gard</u>		14. NAME OF HUSBAND OR WIFE <u>Lulu Pyle Sheehy</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>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ed Sheehy-RR#3 Fort Scott, Kansas</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>Acute Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> 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 <u>Sudden</u>
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)		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>Jan 53</u> , to <u>Oct 28, 1954</u> , that I last saw the deceased alive on <u>Oct 27, 1954</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Date or title) <u>Ed Sheehy</u>				23b. ADDRESS <u>Ft. Scott, Kansas</u>		23c. DATE SIGNED <u>10-28-</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-30-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rich Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rich Hill, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-13-54</u>		REGISTRAR'S SIGNATURE <u>Anna G. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>451 Konantz Mortuary-Ft. Scott, Kansas</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

10.300
10.48
080

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 _____

Harold J. Stapleton

Licensed Embalmer No. 4921

P. O. Address Ft. Scott, 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 this body is not embalmed, fact should be so stated above.