

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12152**

FILED APR 25 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1390

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>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>4 weeks</u>	c. CITY OR TOWN <u>O.D.E.S.S.A.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>402 E. MASON</u>	

3. NAME OF DECEASED a. (First) <u>CLAUDIA</u> b. (Middle) <u>D.</u> c. (Last) <u>SHELDON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 25 1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 8, 1974</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>PAOLA, KANSAS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. NAME OF HUSBAND OR WIFE <u>OTHA D. SHELDON</u>	

13a. FATHER'S NAME <u>CHARLES M'GILL</u>		13b. MOTHER'S MAIDEN NAME <u>MINERVA GOODRICH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u> (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <u>MAR. M. SHELDON</u> ADDRESS <u>322 Lydia St. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several Days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis</u>		DUE TO (c) <u>undet.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Diabetic Mellitus</u>		<u>3324</u>	

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 2-25, 1955, to 3-25, 1955, that I last saw the deceased alive on 3-25, 1955, and that death occurred at 8:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. Cashman</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>535 Ang/b 1364 KC Mo</u>		23c. DATE SIGNED <u>3/28/55</u>	
24a. DATE REC'D BY LOCAL REG. <u>3-28-55</u>		24b. DATE <u>3-28-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Paola Kansas</u>	
24d. LOCATION (City, town, or county) (State) <u>Paola Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Marshall</u> ADDRESS <u>1331 Blue Creek KC Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John W. Cashman

2018-2-27

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 *Edward M. St...*

Licensed Embalmer No. *445*

P. O. Address *K. C. 10*

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.