

FILED AUG 22 1955

STANDARD CERTIFICATE OF DEATH

State File No. **25386**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **862**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place) <b>45 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>924 N. 24th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ollivene</b> b. (Middle) <b>Sheehan</b> c. (Last) <b>Nicholas</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 9, 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 16, 1882</b>
9. AGE (In years last birthday) <b>73</b>		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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bogard, Missouri</b>
13a. FATHER'S NAME <b>John Sheehan</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>James H. Nicholas</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>*****</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>James H. Nicholas</b> ADDRESS <b>St. Joseph, Mo.</b>
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) <b>Carcinomatosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of ovary</b> DUE TO (c) <b>175X</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>1-6-55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Intestinal obstruction from pelvic carcinoma</b>	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

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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) (Min.)		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 **Jan 6, 1955**, to **Aug. 9, 1955**, that I last saw the deceased alive on **Aug 9, 1955**, and that death occurred at **8:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>S. B. Benson M.D.</b> (Degree or title)		23b. ADDRESS <b>St. Joseph, Mo.</b>		23c. DATE SIGNED <b>8-11-55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 11, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>	
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DATE REC'D BY LOCAL REG. <b>Aug 16, 1955</b>		REGISTRAR'S SIGNATURE <b>Kather M. Allison</b> <b>485</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Shirley - Sloan</b> ADDRESS <b>St. Joseph, Mo.</b>	
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(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 *Albert E. Harrington*

Licensed Embalmer No. 3258 Mo.

P. O. Address St. Joseph, Missouri.

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.