

FILED MAY 28, 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17180

BIRTH NO. _____		REG. DIST. NO. 261		PRIMARY REG. DIST. NO. 2048		Registrar's No. 136			
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY Taylor 8140					
b. CITY (If outside corporate limits, write RURAL and give town) Maryville 0		c. LENGTH OF STAY (in this place) 2 Hours		c. CITY OR TOWN Bedford		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hospital				e. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) Janice b. (Middle) Lee c. (Last) Shehan			4. DATE OF DEATH (Month) (Day) (Year) May 18 1956						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0		8. DATE OF BIRTH May 28 1954			
9. AGE (In years last birthday) 1		IF UNDER 1 YEAR Months 11		IF UNDER 1 YEAR Days 20		IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Marville Missouri 0		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Robert Shehan			13b. MOTHER'S MAIDEN NAME Ethel Newkirk			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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Robert Shehan Bedford Mo.		ADDRESS			
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) Pulmonary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tetralogy of Fallot 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 7 hr Congenital	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7540					20. AUTOPSY? YES <input 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 May 18, 1956, to May 18, 1956, that I last saw the deceased alive on May 18, 1956, and that death occurred at 3 p. m., from the causes and on the date stated above.									
23a. SIGNATURE E. P. Thomas, M.D. (Degree or title)				23b. ADDRESS Marville Mo		23c. DATE SIGNED 5/21/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 18 1956		24c. NAME OF CEMETERY OR CREMATORY Fairview cemetery Bedford Iowa		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 5-26-56		REGISTRAR'S SIGNATURE Bess Holt			25. FUNERAL DIRECTOR'S SIGNATURE Floyd Edlum		ADDRESS Bedford Iowa		

(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 *myself*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Floyd Ishum*.....

Licensed Embalmer No *278*

P. O. Address *Bedford*

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.