

Health & Welfare Public Health Service

XC-20716331 SL 16781  
FILED OCT 10 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034696  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9499

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND ST. LOUIS, MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR VET. ADM. HOSPITAL		Length of stay in lb 3 Days	d. STREET ADDRESS (If outside, give location) 1033 NORTH RUTLEDGE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE E SHEA			4. DATE OF DEATH Month Day Year 10-2-58		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/3/96	9. AGE (In years last birthday) 62	10. FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUTCHER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) SPRINGFIELD, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME PATRICK SHEA		13b. MOTHER'S MAIDEN NAME MARY MERKLTN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VAH RECORDS 915 N. GRAND ST. LOUIS, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GASTRIC HEMORRHAGE					INTERVAL BETWEEN ONSET AND DEATH 15 Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARCINOMA OF THE PANCREAS WITH LIVER METASTASIS					3 Months
DUE TO (c) 157x					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MARKED DEBILITATION					19. WAS AUTOPSY PERFORMED? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 9/29/58, to 10-2-58 and last saw <sup>him</sup> <del>her</del> alive on 10/2/58 Death occurred at 5:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE ROBERT M. WITSS (Degree or title) M.D.			22b. ADDRESS VAH ST. LOUIS, MISSOURI		22c. DATE SIGNED 10-2-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT. 6, 1958	23c. NAME OF CEMETERY OR CREMATORY CALVARY		23d. LOCATION (City, town, or county) (State) SPRINGFIELD ILLINOIS
24. FUNERAL DIRECTOR STAB FUNERAL HOME		ADDRESS 1109 S. 5TH SPRINGFIELD, ILL	25. DATE RECD. BY LOCAL REP. OCT 3 '58	26. REGISTRAR'S SIGNATURE Carl Smith MD	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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. *Not Embalmed*

Student .....  
Signature of Student Embalmer

Signed *Vincent E. Shab* .....

*ILL*, Licensed Embalmer No. *8668* .....  
P. O. Address *1109 So 5th St*  
*SPRINGFIELD, ILL*

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.