

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-04584

STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 175 Primary Registration District No. 303b Registrar's No. 110

300
1-57

| | | | |
|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Lawrence | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Aurora | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Aurora <u>05510</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Hospital | | Length of stay in 1b 1 hr. | d. STREET ADDRESS (If outside, give location) 702 McNatt St. Apt. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Charles Middle C. Last Sheridan | | | 4. DATE OF DEATH Month November Day 9 Year 1958 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 22, 1891 |
| 9. AGE (In years from birthday) 67 | | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 | IF UNDER 24 HRS. Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleman | | 10b. KIND OF BUSINESS OR INDUSTRY Dept. Store | 11. BIRTHPLACE (City and state or country) Greene County, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? USA. | | 13a. FATHER'S NAME James C. Sheridan | |
| 13b. MOTHER'S MAIDEN NAME Dollie Hall | | 14. NAME OF HUSBAND OR WIFE Fronia Sheridan | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give <u>WW I</u> dates of service) | | 16. SOCIAL SECURITY NO. 446-24-4864 | 17. INFORMANT Address Fronia Sheridan, Aurora, Missouri |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 1 Day |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201 | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. CITY, TOWN, OR LOCATION | | 20f. COUNTY STATE | |
| 21. I attended the deceased from <u>11/1/58</u> to <u>11/9/58</u> and last saw her alive on <u>11/9/58</u> Death occurred at <u>12:15 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D. | | 22b. ADDRESS Aurora, Mo. | 22c. DATE SIGNED 11/11/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11/11/58 | 23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery | 23d. LOCATION (City, town, or county) (State) Aurora, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Marsh Funeral Service, Aurora, Mo. | | 25. DATE RECD. BY LOCAL REG. 11-11-1958 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

NOV 28 1958

NOV 28 1958

NOV 28 1958

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 *Ray E. [Signature]* Licensed Embalmer No. 5052

P. O. Address Aurora, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.