

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037937

STATE FILE NUMBER

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 32

NOV 10 1960

1. PLACE OF DEATH a. COUNTY DUNKLIN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY DUNKLIN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MALDEN		Length of stay in 1b 5 YRS.	c. CITY OR TOWN MALDEN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION 106 E. HOWARD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 106 E. HOWARD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHANNA Middle SHEAN Last			4. DATE OF DEATH Month OCTOBER Day 27 Year 1960		
5. SEX FEMALE	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 10-5-1876	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) CENTRAL CITY, KY.	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME PATRICK DONAHUE		13b. MOTHER'S MAIDEN NAME MARY J. MORROW		14. NAME OF HUSBAND OR WIFE WILLIAM SHEAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address MRS. CHARLES DRAKE MALDEN, 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) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Arteriosclerotic Heart Disease DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 46 hours 10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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 <u>Aug 1957</u> to <u>27 Oct 1960</u> and last saw her ^{him} alive on <u>27 Oct 1960</u> Death occurred at <u>10:10 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Charles Williams</i>			22b. ADDRESS <i>Malden, Missouri</i>		22c. DATE SIGNED <i>10/28/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-31-1960	23c. NAME OF CEMETERY OR CREMATORY ST, MARY'S		23d. LOCATION (City, town, or county) (State) CAPE GORARDEAU, MO.
24. FUNERAL DIRECTOR DAY & KNIGHT, MALDEN, MO.		25. DATE RECD. BY LOCAL REG. 11-1-1960	26. REGISTRAR'S SIGNATURE <i>J. D. Schuman</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. J. Schuman
Licensed Embalmer No. 4081
P. O. Address Medes

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.