

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009125

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

149

Primary Registration District No. 1002

697

STATE FILE NUMBER

AMENDED

Registration District No. FILED VS MAR 1 1961

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 22 years	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2613 E. 31 St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Thomas Middle W. Last Sheerin			4. DATE OF DEATH Month 2 Day 7 Year 1961			
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 11-6-90	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Sheriff, Ret.		10b. KIND OF BUSINESS OR INDUSTRY Law Enforcement		11. BIRTHPLACE (City and state or country) Moberly, Mo.		
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Thomas E. Sheerin		13b. MOTHER'S MAIDEN NAME Julia Effie Wiford		
14. NAME OF HUSBAND OR WIFE Unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. xxx		16. SOCIAL SECURITY NO. 2613 E. 31 St.		
17. INFORMANT Gladys Ragsdale		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of colon		19. INTERVAL BETWEEN ONSET AND DEATH		

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 7:15 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 2613 E. 31 St.	
20g. COUNTY Jackson		20h. STATE Missouri	
21. I attended the deceased from January 12-61 to February 7-61 and last saw him alive on 2-7-61 Death occurred at 7:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		22a. SIGNATURE (Degree or title) Morton C. Creditor M.D.		22b. ADDRESS 4949 Rockhill Road		22c. DATE SIGNED 2-8-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-9-61		23c. NAME OF CEMETERY OR CREMATORY Sarcoxie Cemetery		23d. LOCATION (City, town, or county) (State) Sarcoxie, Missouri	
24. FUNERAL DIRECTOR Wagner Funeral Home K.C. Mo.		25. DATE RECD. BY LOCAL REG. 2-9-61		26. REGISTRAR'S SIGNATURE Ruth Long			

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 ITEM NO.
 SHOULD READ
 BY AFFIDAVIT OF
 DOCUMENT
 CREDITOR OR MEDICAL CERTIFICATION
 STATEMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF

MAR 2 1961

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 Phillip L. Smith, Student Embalmer No. 622

working under my personal supervision.

Student Phillip L. Smith
Signature of Student Embalmer

Signed Alvin P. Haenschel

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.