

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048535
STATE FILE NUMBER

Registration District No. 169 Primary Registration District No. 5621 Registrar's No. 38

DO NOT WRITE ON THIS STUB
AMENDED

FILED DEC 16 1963

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) Lyon		Length of stay in 1b Lifetime	c. CITY OR TOWN Edina Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3 miles west Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Edward A. Sheridan			4. DATE OF DEATH Month Day Year Dec. 10 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-23-1890
9. AGE (last birthday) 73		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Knox County U.S.A.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Peter Sheridan	
13b. MOTHER'S MAIDEN NAME Catherine O' Malia		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		16. SOCIAL SECURITY NO. [Redacted]	17. INFORMANT Address Mrs. Dan T. Deveny Rt-1 Edina Mo.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease gr. II Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 10 yrs.
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 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 s.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 October 25 1957 to Dec. 10 1963 and last saw ^{her} him alive on Dec. 6 1963 Death occurred at 10:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Francis Tandyer M.D.		22b. ADDRESS Edina Missouri	22c. DATE SIGNED Dec. 12 1963
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-13-1963	23c. NAME OF CEMETERY OR CREMATORY St. Joseph's Catholic	23d. LOCATION (City, town, or county) (State) Edina Missouri
24. FUNERAL DIRECTOR Kriegshauser Bros. Edina, Mo.		25. DATE RECD. BY LOCAL REG. Dec-11-63	26. REGISTRAR'S SIGNATURE Dell S. H. Smith

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

VS 300 Rev. 4/59	DATE AMENDED
0520	
20520	
3	
4 0	
5 0	
6	
7 0	
8 2	
94200	
10	
11	
12 90-0	
13 1-0	

USE BLACK INK OR TYPEWRITER RIBBON

JAN 10 1964

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

Paul C. Kriegshauser

Licensed Embalmer No.

4085

P. O. Address

Edina, Mo.

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.

Thomas H. ...

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