

**CERTIFICATE OF DEATH
IN
CANAL ZONE**

FILE NO. 130365

1. PLACE OF DEATH a. TOWN OR PLACE Ancon, Canal Zone		2. USUAL RESIDENCE (Where did deceased live?) a. <input checked="" type="checkbox"/> Canal Zone <input type="checkbox"/> Republic of Panama <input type="checkbox"/> Other (Specify Country, State, and County)	
b. HOSPITAL (If NOT in Hospital, give street address and location) Gorgas Hospital		b. CITY OR TOWN (If outside limits, write RURAL) Old Cristobal	
c. LENGTH OF TIME ON ISTHMUS (Years) (Months) (Days)		c. HOUSE NUMBER (If rural, give location) AND STREET 1300, Rm. 224	

3. NAME OF DECEASED (Type or Print) Thomas SHEEHAN	4. DATE OF DEATH (Month) (Day) (Year) May 22, 1959
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, SINGLE, WIDOWED, DIVORCED (Specify) Unknown	8. DATE OF BIRTH Nov. 4, 1877	9. AGE (In years, last birthday) 81	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION Retired Pan-Canal employee	10b. KIND OF BUSINESS OR INDUSTRY (If employee of Panama Canal Company or Canal Zone Government, so state and give Bureau or Division and identification number)
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11. BIRTHPLACE (State or foreign country) California	12. CITIZENSHIP U. S.
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13. FATHER'S NAME Patrick Sheehan	14a. MOTHER'S MAIDEN NAME Margaret Long	14b. SPOUSE'S NAME --
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15. WAS THE DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Not known --	16. SOCIAL SECURITY OR IDENTIFICATION No. 1802
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17a. INFORMANT (Signature or name) Hospital Chart	17b. ADDRESS Gorgas Hospital
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18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *(Give disease, injury or complication which was the IMMEDIATE CAUSE of death, not mode of dying, as heart failure, asphyxia, etc.)	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Retroperitoneal liposarcoma, recurrent.	TIME BETWEEN ONSET AND DEATH 158	CODE
	2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		
19a. DATE OF OPERATION Jan. 1959		19b. MAJOR FINDINGS OF OPERATION Liposarcoma, generalized.	

20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office building, etc.)	21c. (City or town) (Country)

21d. TIME (Month) (Day) (Year) (Hr.) OF INJURY	21e. INJURY OCCURRED While at work Not while at work m. <input type="checkbox"/> <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? was hospitalized from March 17, 1959
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22. I hereby certify that ~~Thomas~~ the deceased ~~was~~ **was hospitalized from March 17, 1959** on **May 22**, 19**59**, and that death occurred at **7:15 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE /s/ Allen Jackson	(Degree or title) M. D.	23b. ADDRESS Gorgas Hospital, Ancon, CZ	23c. DATE SIGNED May 22, 1959
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 26, 1959	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City or town) (Country) Mt. Hope, C. Z.
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DATE RECEIVED BY VITAL STATISTICS UNIT June 8, 1959	SIGNATURE OF VITAL STATISTICS CLERK /s/ Doris Kintigh	25. FUNERAL DIRECTOR ADDRESS /s/ Max W. Finley, Gorgas Hospital
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MARGIN RESERVED FOR BINDING
This is a permanent record. TYPE or use PERMANENT BLACK INK

MAILING ADDRESS

NAME OF REGISTRAR (Vital Statistics)
NEXT OF KIN

CANAL ZONE GOVERNMENT

JUN 1 1972

Panama Heights, C. Z.

CERTIFIED A TRUE COPY

NAME OF REGISTRAR (Vital Statistics)
NEXT OF KIN

1906