

FILED MAR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8779

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 48			
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, write RURAL and give township) OR TOWN Lees Summit R & Prairie				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lees Summit Prairie					
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence RRL, LEE'S SUMMIT				d. STREET ADDRESS (If rural, give location) RFD #1					
3. NAME OF DECEASED (Type or Print) a. (First) Roy		b. (Middle) Roscoe		c. (Last) Sherman		4. DATE OF DEATH (Month) (Day) (Year) March 4, 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 26, 1882			
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Sheriff		11. BIRTHPLACE (State or foreign country) Becker County, Minn. /		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Alma C. Sherman				13b. MOTHER'S MAIDEN NAME Edith A. Whiting		14. NAME OF HUSBAND OR WIFE Bessie E. Sherman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie E. Sherman, Lees Summit, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Collapse ANTECEDENT CAUSES (b) Coronary Insufficiency Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) Coronary Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____				MEDICAL CERTIFICATION 19b. MAJOR FINDINGS OF OPERATION 420				INTERVAL BETWEEN ONSET AND DEATH 45 min. 2 days	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		20. AUTOPSY? YES ☒ NO ☐			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from 12/13, 1948, to 3/5, 1949, that I last saw the deceased alive on 3/5, 1949, and that death occurred at 4:00 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) 181. H. H. Hickerson				23b. ADDRESS M.D. 1st. Nat. Bank Bldg. Indep. Mo.		23c. DATE SIGNED 3-9-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-8-49		24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery		24d. LOCATION (City, town, or county) Independence, Missouri (State)			
DATE REC'D BY LOCAL REG. 3-10-49		REGISTRAR'S SIGNATURE Donald C. Earnshaw		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Geo. C. Carson Funeral Home, Indep. Mo.					

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 22 1949

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.

Signed _____

Hynd C. Carson

Signed _____
Student Embalmer

Licensed Embalmer No. *4199*

P. O. Address *Independence, 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 this body is not embalmed, fact should be so stated above.