

FILED APR 15 1949

STANDARD CERTIFICATE OF DEATH

State File No. 8854

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 157

44
21

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) 2824 Main	

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) BELLE c. (Last) SHERWOOD			4. DATE OF DEATH (Month) (Day) (Year) 4 1 49		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Sept. 22, 1877		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Days 6 IF UNDER 12 HRS. Min. 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Martin V. Sherer		13b. MOTHER'S MAIDEN NAME Lamina Sellars		14. NAME OF HUSBAND OR WIFE	
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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.		17. INFORMANT'S SIGNATURE OR NAME N. H. Sherwood	
				ADDRESS Joplin, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial degeneration DUE TO (c) Hypertension			INTERVAL BETWEEN ONSET AND DEATH 3 days 5 yrs. ?
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE OR 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Ernest Mitchell		(Degree or title) M.D.		23b. ADDRESS Joplin Mo	
				23c. DATE SIGNED 4-4-49	

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-4-49		24c. NAME OF CEMETERY OR CREMATORIUM Ozark Memorial	
				24d. LOCATION (City, town, or county) (State) Joplin Mo.	

DATE REC'D BY LOCAL REG. 4-6-49		REGISTRAR'S SIGNATURE James D. Parker		25. FUNERAL DIRECTOR'S SIGNATURE James D. Parker	
				ADDRESS Hunsaker Mortuary Joplin, Mo.	

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
Student Embalmer

Signed Steve Parker

Licensed Embalmer No. 2548

P. O. Address Goffin MD

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.