

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12550

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4190		Registrar's No. 107	
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dekalb			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairport 0320			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) (None)		c. (Last) Sherard	
4. DATE OF DEATH		(Month) April		(Day) 9		(Year) 1950	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 4, 1975	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 1		IF UNDER 1 YEAR Days 5		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Harness maker		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Jesse Sherard		13b. MOTHER'S MAIDEN NAME Catherine Cornelison		14. NAME OF HUSBAND OR WIFE Blanche Sherard (deceased)			
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. Smith McCammon ADDRESS King City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis				INTERVAL BETWEEN ONSET AND DEATH 10 yrs 4222 5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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 bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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?			
22. I hereby certify that I attended the deceased from JAN 10, 1948, to APR 19, 1952, that I last saw the deceased alive on APR 9, 1952, and that death occurred at 4:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Jack Baines (Degree or title)				23b. ADDRESS King City, Mo		23c. DATE SIGNED 4-9-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 11, 1950		24c. NAME OF CEMETERY OR CREMATORY Fairport		24d. LOCATION (City, town, or county) (State) Missouri	
DATE REC'D BY LOCAL REG. April 11-1950		REGISTRAR'S SIGNATURE Edith Childs 430		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roland D. Clark King City Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Roland D. Clark

Signed _____
Student Embalmer

Licensed Embalmer No. _____

4477

P. O. Address _____

King City, 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.