

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41432

State File No.

0600
1

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5706 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Anderson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Anderson</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		0600	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles southeast Anderson</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ORVAL</u> b. (Middle) <u>Herbert</u> c. (Last) <u>SHERMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 28 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>11-18-1908</u>		9. AGE (In years last birthday) <u>42</u>		IF UNDER 1 YEAR Days <u>10</u> IF UNDER 4 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Jake P. Sherman</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Ray</u>		14. NAME OF HUSBAND OR WIFE <u>Goldie Sherman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-14-4466</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Goldie Sherman, Anderson Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <u>Congenital Heart disease</u>		Life	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Asthma</u>		<u>4345</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 6-1-, 1950, to 12-28, 1950, that I last saw the deceased alive on 12-28, 1950, and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Blankenship M.D.</u>		23b. ADDRESS <u>Anderson Mo.</u>		23c. DATE SIGNED <u>12-28-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-30-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anderson Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Anderson Missouri</u>					

DATE REC'D BY LOCAL REG. <u>12-31-50</u>		REGISTRAR'S SIGNATURE <u>Mayme Humphrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Morris Rye Wheaton Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF HEALTH OF MO.

5 - Springfield

1951

151-51

Date Filed 1-6-51

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 *James Kenyth Duncan*

Licensed Embalmer No. *4767*

P. O. Address *Wheaton 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.