

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 12286

0396
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BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 368		
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 25 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, 0396				
d. FULL NAME OF HOSPITAL OR INSTITUTION 937 W. Webster				d. STREET ADDRESS (If rural, give location) 937 W. Webster				
3. NAME OF DECEASED (Type or Print) a. (First) Lillie b. (Middle) May c. (Last) Sherwood			4. DATE OF DEATH (Month) (Day) (Year) April 25, 1951					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 8, 1879		9. AGE (In years last birthday) 79	10 UNDER 1 YEAR 7 Months	11 UNDER 1 HR. 17 Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home		11. BIRTHPLACE (State or foreign country) Greene County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Louis Downey			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Ed Sherwood			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME A. J. Sherwood ADDRESS Springfield, 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) Fracture, hip, right ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH 3 days 0030 21	
		II. OTHER SIGNIFICANT CONDITIONS arteriosclerotic cardiovascular disease, severe.					3 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) None		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) Home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Springfield - Greene - Mo.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-23-51 8 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell in house				
22. I hereby certify that I attended the deceased from 4/23, 1951 , to 4/23, 1951 , that I last saw the deceased alive on 4/23, 1951 , and that death occurred at 7:10 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) William Wood				23b. ADDRESS 205 St Louis St. Springfield, Mo.		23c. DATE SIGNED 4/25/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 27, 1951		24c. NAME OF CEMETERY OR CREMATORY Maple Park		24d. LOCATION (City, town, or county) (State) Springfield, Missouri		
DATE REC'D BY LOCAL REG. 4-26-51		REGISTRAR'S SIGNATURE W.E. Landry		25. FUNERAL DIRECTOR'S SIGNATURE Gorman-Scharpf Funeral Home, Inc. ADDRESS Springfield, Missouri				

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.

Student
Student Embalmer

Signed L. Edwin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.