

3. No. 300
v. 10.48

FILED DEC 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36455

BIRTH NO. 74723-57 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1201

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|---|--|---|--|------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> | | b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | <u>0117</u> | |
| c. LENGTH OF STAY (in this place) <u>3 days</u> | | d. STREET ADDRESS (If rural, give location) <u>418 N. Noyes Blvd.</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u> | | | | | |

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| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>Joan</u> | b. (Middle) <u>Tureman</u> | c. (Last) <u>Sherwood</u> | (Month) <u>November</u> | (Day) <u>23</u> | (Year) <u>1951</u> |

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|-------------------------|----------------------------------|--|--|---|-------------------------------------|--------------------------------------|-----------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>November 21, 1951</u> | 9. AGE (In years last birthday) <u>xxx</u> | IF UNDER 1 YEAR Days <u>2</u> | IF UNDER 11 HRS. Hours <u></u> | Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Wm. Benjamin Sherwood</u> | 13b. MOTHER'S MAIDEN NAME <u>Joan Tureman</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Wm. B. Sherwood</u> | ADDRESS <u>St. Joseph, Mo.</u> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>Since birth</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>7625</u> | 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 Nov 21, 1951, to Nov 23, 1951, that I last saw the deceased alive on Nov 23, 1951 and that death occurred at 8:30P m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>O. B. Juller M.D.</u> | 23b. ADDRESS <u>212 Kirkpatrick Bldg. St. Joseph, Mo.</u> | 23c. DATE SIGNED <u>11-23-51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>November 24, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Nov. 28, 1951</u> | REGISTRAR'S SIGNATURE <u>Carl C. Casper</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Hoffer</u> | ADDRESS <u>St. Joseph, Mo.</u> |
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(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, of *****

Student Embalmer No.

working under my personal supervision.

**** ****

Student

Student Embalmer

Signed *Albert R. Harrington*

Licensed Embalmer No. 3258 MISSOURI

P. O. Address St. Joseph, 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.