

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **11650**

No. 300
10-48

FILED APR 15 1952

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **75**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall 0972	
c. LENGTH OF STAY (In this place) 10Hrs.		d. STREET ADDRESS (If rural, give location) 559 South Jefferson	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Fitzgibbon Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Flora b. (Middle) Belle c. (Last) Sherwood			4. DATE OF DEATH (Month) (Day) (Year) April 10 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH January 11, 1881		9. AGE (In years last birthday) 71		10. UNDER 1 YEAR Months 2 Days 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Glasgow, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Peter L. Todd		13b. MOTHER'S MAIDEN NAME Sarah Jane Ballew		14. NAME OF HUSBAND OR WIFE Samuel E. Sherwood Sr.	
--	--	---	--	--	--

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 Harold Sherwood-Marshall, Missouri	
--	--	--	--	--	--

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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		ANTECEDENT CAUSES Morbid 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.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 April 9, 1952, to April 10, 1952, that I last saw the deceased alive on April 10, 1952, and that death occurred at 8:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE James G. Reid, M.D. (Degree or title)		23b. ADDRESS Marshall Mo.		23c. DATE SIGNED 4-11-52	
--	--	---	--	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 4/12/52		24c. NAME OF CEMETERY OR CREMATORY Glasgow Cemetery		24d. LOCATION (City, town, or county) (State) Glasgow - Missouri	
--	--	---------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. April, 11, 1952		REGISTRAR'S SIGNATURE Deaney J. Gray		25. FUNERAL DIRECTOR'S SIGNATURE J. Leelan			
				ADDRESS Marshall, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 _____

J. Leslie Sumner

Licensed Embalmer No. *2235*

P. O. Address *Marshall, Iowa*

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.