S. No. 300
EV. 10.48

FILED MAY 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12782

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4233 Registrar's No. 2

0470

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arcadia
c. LENGTH OF STAY (In this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arcadia 0470
d. STREET ADDRESS (If rural, give location): 6

3. NAME OF DECEASED (Type or Print)
a. (First): LYDIA
b. (Middle): MAY
c. (Last): SHERMAN

4. DATE OF DEATH (Month) (Day) (Year): April 23 1952

5. SEX: fem
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 3 1859
9. AGE (In years last birthday): 92 — If under 1 year: Months 8, Days 20 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Leeds Wis.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John B. Weatherbee
13b. MOTHER'S MAIDEN NAME: Nabby Tabor Ames
14. NAME OF HUSBAND OR WIFE: Frank Sherman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Louie Schultz, Arcadia Mo. — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute bilateral bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) generalized arterio sclerosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4500
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-9, 1952, *to* 4-23, 1952, *that I last saw the deceased alive on* 4-22, 1952, *and that death occurred at* 7.20A m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. E. Harland (Degree or title) M.D.
23b. ADDRESS: 1180 N. Main Street Ironton Mo.
23c. DATE SIGNED: 4-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4-25-52
24c. NAME OF CEMETERY OR CREMATORY: Arcadia Valley Memorial Park
24d. LOCATION (City, town, or county) (State): Ironton Mo.

DATE REC'D BY LOCAL REG.: April 30 - 52
REGISTRAR'S SIGNATURE: Mrs Avis Jones 1280
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: White Funeral Home, Ironton Mo.
(Licensed Embalmer's Statement on Reverse Side) Orvel White

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 _____

_____,

working under my personal supervision.

Student Embalmer No. _____

Signed Pascal J. White

Signed _____
Student Embalmer

Licensed Embalmer No. 3012

P. O. Address Gardiner Me.

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.