

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39629**

No. 300
10-48

FILED DEC 15 1952

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 583 Registrar's No. 261

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>MOHAWAY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>MOHAWAY</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL 1 mi North BARNARD Twp</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL 1 mi North BARNARD</u> | |
| c. LENGTH OF STAY (If in place) | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|---------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Sherman Jr</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-4-1952</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>4-27-1884</u> | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Days <u>7</u> Hours <u>7</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>-</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>near Whitesville mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | | | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>John William Sherman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Carie Gibson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Leona Sherman</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NO</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Leona Sherman Barnard 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH <u>momentary</u> <u>more than 10 years</u> |
|---|--|---|--|--|---|

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | | 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) | | 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 2 March, 1937, to 4 December, 1952, that I last saw the deceased alive on 18 Nov., 1952, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

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|---|--|----------------------------------|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>Chas. J. Hunt, M.D.</u> | | 23b. ADDRESS <u>Barnard, Mo.</u> | | 23c. DATE SIGNED <u>6 Dec., 1952</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>12-6-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>DAK. HILL</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>Marville mo</u> | |

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|---|--|--|--|--|--|
| DATE RECD BY LOCAL REG. <u>12-13-52</u> | | REGISTRAR'S SIGNATURE <u>Bess Holt</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Breit Funeral Home Savannah 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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah ms

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.