

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

998

State File No.

FILED JAN 19 1953

BIRTH NO.		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>5486</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Gentry.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Cooper.</u>		c. LENGTH OF STAY (in this place) <u>6 weeks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Cooper Township.</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 Mi. S. E. of Stanberry Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none.</u>				d. STREET ADDRESS (If rural, give location) <u>3 1/2 Mi. S. E. of Stanberry Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarissa</u>		b. (Middle) <u>Elmira</u>		c. (Last) <u>Sherry.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 10 - 1953</u>	
5. SEX <u>Female.</u>		6. COLOR OR RACE <u>White.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>		8. DATE OF BIRTH <u>1866-5-25</u>	
9. AGE (In years last birthday) <u>86-</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmers Wife.</u>		11. BIRTHPLACE (State or foreign country) <u>Gentry County Mo.</u>	
11. BIRTHPLACE (State or foreign country) <u>Gentry County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Flisha Cogdill.</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Cranor.</u>	
14. NAME OF HUSBAND OR WIFE <u>Albert V. Sherry.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Karl Marticke, Stanberry Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure, acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thrombophlebitis, left leg</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>years</u> <u>Months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</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) (Min.)		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 <u>December 5, 1952</u> , to <u>January 10, 1953</u> , that I last saw the deceased alive on <u>January 9, 1953</u> , and that death occurred at <u>4:25 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Albert L. Barlin M.D.</u> (Degree or title)				23b. ADDRESS <u>Stanberry, Mo</u>		23c. DATE SIGNED <u>1-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		24b. DATE <u>1-12-1953.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stanberry Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 13-53</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Evan Johnson</u> ADDRESS <u>Stanberry Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0380
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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 _____

J. Evan Johnson
.....
working under my personal supervision.

Student Embalmer No. ☒

Student
Student Embalmer

Signed *J. Evan Johnson*
.....
Licensed Embalmer No. *3492*
P. O. Address *Stanbury Missouri*

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.