

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8736

State File No. ....

FILED MAR 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Butler</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Mt. Pleasant</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 2</u> <u>0070</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>	b. (Middle) <u>Wallace</u>	c. (Last) <u>Sherman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-14-53</u>
--	----------------------------	--------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-21-1892</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></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>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bates Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	--

13a. FATHER'S NAME <u>Willard Sherman</u>	13b. MOTHER'S MAIDEN NAME <u>Hattie Shant</u>	14. NAME OF HUSBAND OR WIFE <u>Chrystal Sherman</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chrystal Sherman</u>	ADDRESS <u>R.F.D. Butler 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Recto-</u>		INTERVAL BETWEEN ONSET AND DEATH <u>74 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>sigmoid bowel -</u> DUE TO (c) <u>Diabetes Mellitus -</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>154X</u>

19. DATE OF OPERATION <u>3/17/53</u>	19a. MAJOR FINDINGS OF OPERATION <u>Resection of Recto-sigmoid - 3 1/2" maximum</u>	AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--------------------------------------	--	--

20. ACCIDENT SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Butler</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Bates</u>
-------------------------------	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	---	----------------------------

22. I hereby certify that I attended the deceased from 11:00 13, to March 14 1953, that I last saw the deceased alive on March 13, 1953, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

22a. SIGNATURE <u>Wesley A. Lusk Jr. M.D.</u>	(Degree or title)	23b. ADDRESS <u>Butler Mo.</u>	23c. DATE SIGNED <u>3/14/53</u>
---	-------------------	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-16-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Butler Missouri</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Mar 19 1953</u>	REGISTRAR'S SIGNATURE <u>Arnold Perry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John S. Underwood</u>	ADDRESS <u>Butler, Mo.</u>
---	---	---	----------------------------

(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 Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butte, 1120

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.