

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32446**

FILED SEP 28 1953

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Mississippi			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wyatt		c. LENGTH OF STAY (In this place) 15 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wyatt		
d. FULL NAME OF HOSPITAL OR INSTITUTION P.O. Box 274			d. STREET ADDRESS (If rural, give location) P.O. Box 274		

3. NAME OF DECEASED (Type or Print) a. (First) Needom b. (Middle) _____ c. (Last) Sherrod			4. DATE OF DEATH (Month) (Day) (Year) Sept. 15 1953		
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 17 1882	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 3 Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Coverington Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Samuel Sherrod	13b. MOTHER'S MAIDEN NAME Moriah Sanford	14. NAME OF HUSBAND OR WIFE Elnora Sherrod
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 489-26-6628	17. INFORMANT'S SIGNATURE OR NAME Elnora Sherrod ADDRESS Wyatt, Mo. Box 274
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver		INTERVAL BETWEEN ONSET AND DEATH 4 Mo.
	ANTECEDENT CAUSES Morbidity 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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Wyatt, Missouri
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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? _____
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22. I hereby certify that I attended the deceased from **Aug. 15, 1953**, to **Sept. 15, 1953**, that I last saw the deceased alive on **1:00 P** **19**, and that death occurred at **1 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE H. P. Keston (Degree or title) _____	23b. ADDRESS Wyatt, Missouri	23c. DATE SIGNED 9/19/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/20/53	24c. NAME OF CEMETERY OR CREMATORY Oak Grove	24d. LOCATION (City, town, or county) (State) Charleston Miss. Mo.
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DATE REC'D BY LOCAL REG. 9-20-53	REGISTRAR'S SIGNATURE Jean Hearnes 480-0	25. FUNERAL DIRECTOR'S SIGNATURE Carleton S. Donaldson ADDRESS Wyatt Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

620 /

0670
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RECEIVED

Miss. Co. Health Dept

County File No. 963

Date Filed SEP 25 1953

SEP 24 REC'D

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 Charles L. Houldson

Licensed Embalmer No. 4935

P. O. Address Wyatt Mo.

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.