

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38255**

FILED DEC 7 1953

BIRTH NO. _____		REG. DIST. NO. <u>39</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>312</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Columbia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>104 Ripley St.</u>				e. STREET ADDRESS (If rural, give location) <u>3 Hamilton Way.</u> <u>01050</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>BEULAH</u>		b. (Middle) <u>NEILLE</u>		c. (Last) <u>SHERMAN</u>	
				4. DATE OF DEATH		(Month) (Day) (Year) <u>Dec. 1, 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Oct. 15, 1875</u>	
				9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR: Months _____ Days _____	
				IF UNDER 24 HRS: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Mobile, Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James E. Sherman</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Colton Morris</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Katherine Sherman, Columbia, Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u>						<u>1 week</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid 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. <u>Hypertension, essential</u>				<u>? years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>491X</u> (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 <u>Oct 15, 1953</u> , to <u>Dec 1</u> , 1953, that I last saw the deceased alive on <u>Dec 1</u> , 1953, and that death occurred at <u>1:50P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles A. Leech M.D.</u> (Type or Print)				23b. ADDRESS <u>Columbia, Mo</u>		23c. DATE SIGNED <u>12/1/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec. 3, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Magnolia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mobile, Alabama.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 2 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u> <u>31-2</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker Funeral Service, Columbia, Mo.</u> ADDRESS _____			

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

JAN 27 1954

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.....
Signature of Student Embalmer

Signed.....
Joseph Phillips

Licensed Embalmer No. *4897*

P. O. Address *Columbus*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.