

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23151
2902

State File No.

FILED JUL 23 1954

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN KANSAS CITY

c. CITY OR TOWN Grandview MO.

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: GENERAL HOSPITAL NO. ONE

e. STREET ADDRESS (If rural, give location)
126th & Cherry Street

3. NAME OF DECEASED
a. (First) CLAUDE SHERRY b. (Middle) / c. (Last) /

4. DATE OF DEATH (Month) (Day) (Year)
6 25 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Divorced 3

8. DATE OF BIRTH
April 10 1893

9. AGE (In years last birthday) Months Days Hours Min.
61

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY
Odd Jobs

11. BIRTHPLACE (City and State or Foreign Country)
Koshkonong Missouri

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
William G. Sherry

13b. MOTHER'S MAIDEN NAME
Ada B. Carver

14. NAME OF HUSBAND OR WIFE
Faye Sherry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service)
Yes World War I

16. SOCIAL SECURITY NO.
496-07-3884

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
W.R. Sherry 126th & Cherry Grandview Mo

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LAENNER'S CIRRHOSIS AND ASCITES

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) MALNUTRITION

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

5810

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-12, 1954, to 6-25, 1954, that I last saw the deceased alive on 6-25, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) D

23b. ADDRESS General Hospital

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
June 28 1954

24c. NAME OF CEMETERY OR CREMATORY
Memorial Park Cemetery

24d. LOCATION (City, town, or county) (State)
Jackson County Missouri

DATE REC'D BY LOCAL REG.
6-26-54

REGISTRAR'S SIGNATURE
Seraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
France Wornall Funeral Home K.C. Mo.

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

JUL 23

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 *Russell N. Fra*

Licensed Embalmer No. *42*

P. O. Address *K.C.*

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.