

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26359

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 878

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 43 years	c. CITY OR TOWN St. Joseph	d. 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 Missouri Methodist Hospital		e. STREET ADDRESS (If rural, give location) 2915 Messanie St. 01170	

3. NAME OF DECEASED (Type or Print) a. (First) Daisy b. (Middle) M. c. (Last) Sherman			4. DATE OF DEATH (Month) (Day) (Year) August 7, 1954			
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 19, 1887	9. AGE (In years last birthday) 67	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) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Clay County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Dallas T. Lasater	13b. MOTHER'S MAIDEN NAME Lavina Martin	14. NAME OF HUSBAND OR WIFE Sam Frank
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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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS S. F. Sherman, 2915 Messanie, St. Joseph, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Heart failure		2 weeks
	ANTECEDENT CAUSES		
	DUE TO (b) Emaciation		
	DUE TO (c) Carcinomatosis, generalized		
	II. OTHER SIGNIFICANT CONDITIONS Cancer of pyloric region		
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 5-17-54	19b. MAJOR FINDINGS OF OPERATION Cancer of pyloric region	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 151 X
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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)
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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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-5-54 19 to 8-7-54 19, that I last saw the deceased alive on 8-7-54 19, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. Hander (Degree or title) M. D.	23b. ADDRESS 311 Physician & Surgeons Bldg., St. Joseph, Missouri	23c. DATE SIGNED 8-9-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8/9/1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. Aug 12, 1954	REGISTRAR'S SIGNATURE (Father) M. Allison	FUNERAL DIRECTOR'S SIGNATURE (Ray P. Belmont)	ADDRESS (By Reg. Heaton - Bowman St. Joseph, Mo.)
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. W. M. Stern

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.....
William Spalding

Licensed Embalmer No.. 453

P. O. Address 319 5th St. N. W.

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.