

FILED OCT 11 1954

STANDARD CERTIFICATE OF DEATH

State File No. 31537

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 200

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Calhoun	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Road Dist. 5
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS Golden Eagle, Illinois		8120 8	
3. NAME OF DECEASED (Type or Print)	a. (First) Lydia	b. (Middle) Ann	c. (Last) Sherman
4. DATE OF DEATH	(Month) Oct.	(Day) 1	(Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 6, 1864
9. AGE (in years last birthday) 90	IF UNDER 1 YEAR Months 5 Days 17	IF UNDER 24 HRS. Hours Min. 	11. BIRTHPLACE (City and State or Foreign Country) Golden Eagle, Illinois
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	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Theron Shandrow	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE William Sherman (Dec'd.)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Lauretta Planer ADDRESS Golden Eagle, Ill.	
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		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Artemia		
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Generalized Arteriosclerosis		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Splenic Anemia		?	?
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) (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 Sept. 10, 1954 to Oct. 1, 1954 , that I last saw the deceased alive on Oct. 1, 1954 , and that death occurred at 7:30 m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature]	(Degree or title) MD	23b. ADDRESS St. Charles, Ill.	23c. DATE SIGNED Oct. 2, 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 2, 1954	24c. NAME OF CEMETERY OR CREMATORY Sherman Cemetery	24d. LOCATION (City, town, or county) (State) Golden Eagle, Illinois
DATE REC'D BY LOCAL REG. Oct 2 1954	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE H.A. Downing, Bensack, Ill. ADDRESS	

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.....
Signature of Student Embalmer

Signed *Frank R. Amalano*.....

Licensed Embalmer No. *48*.....

P. O. Address *D. Ch.*.....

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.