No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36857

State File No. .....

FILED DEC 6 1954

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 75

0251

1. PLACE OF DEATH
a. COUNTY Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cameron
c. LENGTH OF STAY (in this place) year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home Of Dale Casper

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY DeKalb
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cameron
d. STREET ADDRESS (If rural, give location) 0251 0

3. NAME OF DECEASED (Type or Print)
a. (First) Zoa
b. (Middle) E
c. (Last) Sherard

4. DATE OF DEATH (Month) (Day) (Year) 11 - 19-54

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH May-11-1883
9. AGE (In years last birthday) 71 | 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) Homsewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Jesse Maret
13b. MOTHER'S MAIDEN NAME Sarah Graham
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Dale Casper ADDRESS Cameron 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma rectum — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) c̄ metatarsis to bladder 1 yr.
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 154 X
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* Aug. 21, 1954, *to* Nov. 19, 1954, *that I last saw the deceased alive on* Nov. 19, 1954, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE J. Kunes (Degree or title) MD 0
23b. ADDRESS Cameron Mo
23c. DATE SIGNED 11-26 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-21-54
24c. NAME OF CEMETERY OR CREMATORY Woods
24d. LOCATION (City, town, or county) (State) Ma ysville Mo

DATE REC'D BY LOCAL REG. 11-29-54
REGISTRAR'S SIGNATURE Winifred W. Moser 340-
25. FUNERAL DIRECTOR'S SIGNATURE John Brown ADDRESS Maysville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed John Brown

Signed.....
Student Embalmer

Licensed Embalmer No. 3933

P. O. Address Maysville 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.