

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5777

FILED FEB 17 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 30

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| 1. PLACE OF DEATH a. COUNTY <u>Phelps</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Rolla, Mo.</u> | | c. CITY OR TOWN <u>Rural Vienna, Mo.</u> | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>13 days</u> | | e. STREET ADDRESS (If rural, give location) <u>Rural Jackson Twp. 0630</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps Co. Memorial Hosp</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Stephen</u> b. (Middle) <u>Marvin</u> c. (Last) <u>Sherrell</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 6, 1955.</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>May 28, 1949.</u> |
| 9. AGE (In years last birthday) <u>5</u> | | IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u> | IF UNDER 24 HRS. Hours <u>8</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> |
| | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>William Sherrell</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lenora Mann</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>William Sherrell</u> ADDRESS <u>Vienna, Mo.</u> | |

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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Extreme transition</u> | | <u>2 wks</u> |
| | DUE TO (c) <u>Leukemia, Lymphocytic</u> | | <u>5 mo.</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hepatic failure</u> | | | <u>3 days</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>2040</u> | 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 7 Sept, 1954 to 6 FEB, 1955, that I last saw the deceased alive on 6 FEB, 1955, and that death occurred at 10:55am., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>R. J. Givens</u> <u>MD</u> | 23b. ADDRESS <u>Rolla, Mo.</u> | 23c. DATE SIGNED <u>9-6-55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2/8/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sheppard Cemetery</u> |
| | | 24d. LOCATION (City, town, or county) (State) <u>Pulaski County.</u> |

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| DATE REC'D BY LOCAL REG. <u>Feb. 10, 1955</u> | REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> | FUNERAL DIRECTOR'S SIGNATURE <u>M. C. Cunningham</u> | ADDRESS <u>Vienna, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC'D

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..... *H. B. Birmingham*

Licensed Embalmer No. 36

P. O. Address..... *Chick*

**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.**