

1120

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

FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10828

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 4541 Registrar's No. 10

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>WEBSTER</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fordland</u> | | c. CITY OR TOWN <u>Fordland</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) | | e. STREET ADDRESS (If rural, give location) <u>1120</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESIDENCE</u> | | | |

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| 3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>SHERROW</u> | | | 4. DATE OF DEATH (Month) <u>3</u> (Day) <u>2</u> (Year) <u>1955</u> | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>Aug. 14, 1879</u> | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>WEBSTER Co. Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>MATTHEW DANIELS</u> | | 13b. MOTHER'S MAIDEN NAME <u>ROSA BOWMAN</u> | | 14. NAME OF HUSBAND OR WIFE <u>HIRAM SHERROW</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>HIRAM SHERROW, Fordland</u> | |

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|--|--|---|--|---|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia, nephrosis, myocardial degeneration</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES <u>arteriosclerotic heart disease</u> DUE TO <u>myocardial infarction, anemia</u> | | <u>2-54</u> | |
| | | DUE TO <u>Pylonephrosis</u> | | <u>2-55</u> | |
| | | II. OTHER SIGNIFICANT CONDITIONS <u>Osteoporosis, erythema multiforme anemia</u> | | | |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>None</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) | |

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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 checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>3-23</u> , 19 <u>54</u> , to <u>3-2</u> , 19 <u>55</u> ; that I last saw the deceased alive on <u>2-28</u> , 19 <u>55</u> , and that death occurred at <u>1:45 P.m.</u> , from the causes and on the date stated above. | | | | | |

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| 23a. SIGNATURE (Degree or title) <u>J. M. Macdonell M.D.</u> | | 23b. ADDRESS <u>Marshfield, Missouri</u> | | 23c. DATE SIGNED <u>3-16-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>3-4-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Union Chapel</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>Fordland MO.</u> | |

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|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>3-17-55</u> | | REGISTRAR'S SIGNATURE <u>Opal M. Good</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>A. C. Russell</u> | |
| | | | | ADDRESS | |

MAR 25 1953

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 *Alon L. Terrell*

Licensed Embalmer No. *4847*

P. O. Address *Windsorfield*

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.