

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20406**
Registrar's No. **4850**

FILED JUN 20 1955

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **1003** Registrar's No. **4850**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN Bismarck	d. Is 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) 14 DAYS		e. STREET ADDRESS (If rural, give location) Rural 3/4 miles east	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) RUFUS	b. (Middle) WILLARD	c. (Last) SHERRILL	8 25		30 55
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 7, 1870	9. AGE (In years last birthday) 84	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) Earning		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and State or Foreign Country) Bismarck, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME D. G. Sherrill	13b. MOTHER'S MAIDEN NAME Emelings Wallen	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Coborun Sherrill St. Louis, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1-2 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute Pyelonephritis & Cystitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Arteriosclerotic Heart Disease		
	DUE TO (c) Calcific Aortic Stenosis		
II. OTHER SIGNIFICANT CONDITIONS			

19a. DATE OF OPERATION 5/18/55	19b. MAJOR FINDINGS OF OPERATION Exc. of left Indirect Inguinal Herniorrhaphy, left Hydrocele & testicle	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 6000

22. I hereby certify that I attended the deceased from **May 16, 1955**, to **May 30, 1955**, that I last saw the deceased alive on **May 30, 1955**, and that death occurred at **11:20 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE C. D. Vermillion, M.D.	(Degree or title) M. D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 5/31/55
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE May 30, 1955	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Bismarck, Mo.

DATE REC'D BY LOCAL REG. JUN 3 1955	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James D. ...
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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 *John V. Shipman*.....
Licensed Embalmer No. *48*.....

P. O. Address *Sumner*.....

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.