

FILED AUG 15 1955

STANDARD CERTIFICATE OF DEATH

State File No. **21994**

BIRTH NO. **43404-55** REG. DIST. NO. **144** PRIMARY REG. DIST. NO. **4234** Registrar's No. **57**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Iron</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> COUNTY <b>Iron</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ironton</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Glover</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>                          |  | d. STREET ADDRESS (If rural, give location) <b>0170</b>   |  |

|   |                        |                           |  |
|---|------------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>MARY</b> | b. (Middle) <b>FAY</b> | c. (Last) <b>SHERRILL</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>July 26 1955</b> |
|---|------------------------|---------------------------|--|

|                   |                               |   |                                      |  |                                 |                               |                                |                               |
|-------------------|-------------------------------|---|--------------------------------------|--|---------------------------------|-------------------------------|--------------------------------|-------------------------------|
| 5. SEX <b>fem</b> | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b> | 8. DATE OF BIRTH <b>July 26 1955</b> | 9. AGE (In years) (Last birthday) <b>0</b> | IF UNDER 1 YEAR Months <b>0</b> | IF UNDER 1 YEAR Days <b>0</b> | IF UNDER 1 YEAR Hours <b>2</b> | IF UNDER 1 YEAR Min. <b>0</b> |
|-------------------|-------------------------------|---|--------------------------------------|--|---------------------------------|-------------------------------|--------------------------------|-------------------------------|

|   |   |   |   |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>none</b> | 11. BIRTHPLACE (State or foreign country) <b>Ironton Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|---|---|---|---|

|   |  |                                       |
|---|--|---------------------------------------|
| 13a. FATHER'S NAME <b>Vernon Sherrill</b> | 13b. MOTHER'S MAIDEN NAME <b>Ada Mae Pratt</b> | 14. NAME OF HUSBAND OR WIFE <b>##</b> |
|---|--|---------------------------------------|

|  |                                   |   |         |
|--|-----------------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> | 16. SOCIAL SECURITY NO. <b>no</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Vernon Sherrill, Glover Missouri</b> | ADDRESS |
|--|-----------------------------------|---|---------|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>congenital atelactasis</b>  |  | INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>premature birth (22 weeks) (twin)</b> |  | <b>2 hours</b>                                  |
|   | DUE TO (c) <b>7625</b>   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Polyhydramnios (mother)</b>  |  |  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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 **7-26, 1955**, to **7-26, 1955**, that I last saw the deceased alive on **7-26, 1955**, and that death occurred **0:20 P.** m., from the causes and on the date stated above.

|   |                                 |                                |
|---|---------------------------------|--------------------------------|
| 23a. SIGNATURE <b>R. E. Jarland</b> (Degree or title) <b>M.D.</b> | 23b. ADDRESS <b>Ironton, Mo</b> | 23c. DATE SIGNED <b>8-1-55</b> |
|---|---------------------------------|--------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b> | 24b. DATE <b>7-28-55</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Big Creek Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Glover Missouri</b> |
|---|--------------------------|--|--|

|  |  |   |
|--|--|---|
| DATE REC'D BY LOCAL REG. <b>8-2-55</b> | REGISTRAR'S SIGNATURE <b>Miss Anderson</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>White Funeral Home</b> ADDRESS <b>Ironton Mo.</b> |
|--|--|---|

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

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**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 \_\_\_\_\_

was not embalmed Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Arnel White

Licensed Embalmer No. 3012

P. O. Address Inverton, N.C.

**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.