

FILED FEB 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1666

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage
c. LENGTH OF STAY (in this place) 32 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCune-Brooks hospital

2. USUAL RESIDENCE (Where deceased lived. If, institution: residence before admission).
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Reeds
d. In Residence within limits of a city or incorporated town? Yes No
STREET ADDRESS (If rural, give location) Route 1 0490

3. NAME OF DECEASED
(Type or Print) a. (First) UEL b. (Middle) KLEEMAN c. (Last) SHERMAN

4. DATE OF DEATH (Month) (Day) (Year)
Jan 29, 1956

5. SEX male 6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH Feb 6, 1923

9. AGE (In years last birthday) 32 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) dairy farmer

10b. KIND OF BUSINESS OR INDUSTRY dairying

11. BIRTHPLACE (City and State or Foreign Country) Sarcoxie, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME C. F. Sherman

13b. MOTHER'S MAIDEN NAME Mary Kleeman

14. NAME OF HUSBAND OR WIFE ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS C.F. Sherman - Rte 1 - Reeds, 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Appendicitis, perforated, with generalized peritonitis.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
Approx. 10 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 5501

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 12/8, 1955 to 1/29/56, 1956, that I last saw the deceased alive on 1/28/56, 1956, and that death occurred at 9:20a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John H. ... MD

23b. ADDRESS Carthage, Mo

23c. DATE SIGNED 1-30-56

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE Feb 1, 1956

24c. NAME OF CEMETERY OR CREMATORY Park Cemetery

24d. LOCATION (City, town, or county) (State) Carthage, Missouri

DATE REC'D BY LOCAL REG. 1-30-56

REGISTRAR'S SIGNATURE Ell Clinton

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo

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

RECEIVED FEB 8 1956
Jasper County Health Office
County File Number 56-2-125
Date Filed FEB 8 1956

APR 11 1956

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.....
Gen. C. Pugh

Licensed Embalmer No. 423

P. O. Address. Carthage,

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.