

FILED MAR 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9309

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 954			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY WOODSON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 3 months		c. CITY OR TOWN NEOSHO FALLS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL				e. STREET ADDRESS (If rural, give location) 1508					
3. NAME OF DECEASED (Type or Print) a. (First) BUD b. (Middle) W. c. (Last) SHERWOOD			4. DATE OF DEATH (Month) - (Day) (Year) MARCH-3-1956						
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, 2- WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN-26-1976		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hour Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY NEOSHO FALLS, KS.		11. BIRTHPLACE (City and State or Foreign Country) GENEVA, KANSAS		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME UNKNOWN SHERWOOD		13b. MOTHER'S MAIDEN NAME ESTHER WEST		14. NAME OF HUSBAND OR WIFE MRS. NORA SHERWOOD					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MARY McLELLON 2400 MYRTLE AVE. KANSAS CITY, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Postoperative Complication DUE TO (c) Carcinoma of Stomach with metastasis to regional nodes. Arteriosclerosis generalized				INTERVAL BETWEEN ONSET AND DEATH 15 hr	
19a. DATE OF OPERATION 2/22/56		19b. MAJOR FINDINGS OF OPERATION Biliary obstruction				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 Dec 10, 1955, to March 3, 1956, that I last saw the deceased alive on March 3, 1956, and that death occurred at 5:20 a.m., from the causes and on the date stated above.									
23a. SIGNATURE H. A. Underwood (Degree or title) D. H. Underwood, M.D.				23b. ADDRESS 5100 E. 24th K. 2. Mo		23c. DATE SIGNED 3/3/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH-3-1956	24c. NAME OF CEMETERY OR CREMATORY GENEVA CEMETERY		24d. LOCATION (City, town, or county) (State) GENEVA, KANSAS				
DATE REC'D BY LOCAL REG. 3-3-56		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. H. Newcomer 1331 BAYSH CREEK KANSAS CITY, MO.					

(Licensed Embalmer's Statement of Reverse Side)

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

MAY 23 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 *John B. Lewis*.....
Licensed Embalmer No. 48

P. O. Address *K.S.M.*.....

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.