

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13932

State File No. ....

FILED APR 18 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3037 Registrar's No. 134

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Linn</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY <u>Linn</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u> | c. LENGTH OF STAY (in this place) <u>18</u> | c. CITY OR TOWN <u>Marceline, Mo</u>   | 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 <u>150 W. Lake</u>                                    |   | e. STREET ADDRESS (If rural, give location) <u>150 W Lake</u>  |   |

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|--|---------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Gladys</u> b. (Middle) _____ c. (Last) <u>SHERMULY</u>  |                           |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>4-12-1956</u> |   |  |
| 5. SEX <u>F</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u> | 8. DATE OF BIRTH <u>9/6/1905</u>                       | 9. AGE (In years last birthday) <u>50</u>                             | IF UNDER 1 YEAR: Months <u>7</u> Days <u>6</u> IF UNDER 14 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>Linneus, Mo</u> |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |                           |   |  |   |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Emmett Phillips</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Lena Gooch</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Patrick Shermuly</u>                             |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____ |  | 16. SOCIAL SECURITY NO. _____               |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Patrick Shermuly Marceline, Mo</u> |  |

|  |   |  |  |
|--|---|--|--|
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>approx. 4 yrs</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mucoid Adenoma of Colon</u>   |  |  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>metastases to Liver.</u><br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 19a. DATE OF OPERATION _____                                 |  | 19b. MAJOR FINDINGS OF OPERATION <u>Abnorm</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) <u>153x</u>                      |  |
| 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? _____   |  |

22. I hereby certify that I attended the deceased from July, 1954, to April, 1956, that I last saw the deceased alive on April 14, 1956, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>George J. [Signature]</u>         |  | 23b. ADDRESS <u>Marceline Missouri</u> |  | 23c. DATE SIGNED <u>4-13-56</u>                    |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>                    |  | 24b. DATE <u>4/13/56</u>               |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olive</u> |  |
| 24d. LOCATION (City, town, or county) (State) <u>N.W. Linneus, Mo</u> |  |  |  |  |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>4-13-56</u> |  | REGISTRAR'S SIGNATURE <u>M. J. [Signature]</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James M. [Signature] Marceline Mo</u> |  |
|---|--|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

1-0

SEP 18 1958

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *George D. Mann*.....  
Licensed Embalmer No. *44*.....  
P. O. Address *Mann*.....

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.