FILED DEC 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37468
STATE FILE NUMBER

Registration District No. 93 Primary Registration District No. 4154 Registrar's No. 56-86

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Dade | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)<br>a. STATE Mo b. COUNTY Dade |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Greenfield Mo — Inside Limits Yes ☑ No ☐ | c. CITY OR TOWN Lockwood Mo — Inside Limits Yes ☑ No ☐ |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bond Rest Home — Length of stay in lb 9mo | d. STREET ADDRESS (If outside, give location) 029 — Reside on Farm Yes ☐ No ☑ |

| 3. NAME OF DECEASED (Type or print) | First | Middle | Last | 4. DATE OF DEATH | Month | Day | Year |
|---|---|---|---|---|---|---|---|
| | Harry | Melburn | Sherman | | Dec | 7 | 1956 |

| 5. SEX | 6. COLOR OR RACE | 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | | Sept 6 1880 | 76 | 3 | 1 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Retired | Tourist Court Opp | Minn. | usa |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Elmer Sherman | Anna Whiting |

| 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 Address |
|---|---|---|
| no | 490-16-8122 | Bonnie Sherman Lockwood Mo. |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Aspiration of food particles

DUE TO (c) Congestive heart failure

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 9.219

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 46

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 029

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-1-56, to 12-7-56 and last saw ~~him~~ him alive on 12-6-56
Death occurred at 2:30 Am on the date stated above; and to the best of my knowledge, from the causes stated.

| 22a. SIGNATURE (Degree or title) | 22b. ADDRESS | 22c. DATE SIGNED |
|---|---|---|
| M K Conde Schrift D.V. | Greenfield Mo | 12-8-56 |

| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Dec 10 1956 | Mound Grove | Indenpendence Mo |

| 24. FUNERAL DIRECTOR ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
|---|---|---|
| W.R. Allison Greenfield Mo. | 12-9-56 | J. C. Canada |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

780

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. R. Allison

Licensed Embalmer No. 44

P. O. Address Greenfie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.