

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **40566**

BIRTH NO. _____		REG. DIST. NO. <b>38</b>		PRIMARY REG. DIST. NO. <b>3006</b>		Registrar's No. <b>413</b>	
1. PLACE OF DEATH a. COUNTY <b>Boone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>Clayton</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>		c. LENGTH OF STAY (in this place) <b>8 days</b>		c. CITY OR TOWN <b>UNIVERSITY CITY</b>		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 <b>UNIVERSITY OF MISSOURI MED</b>				e. STREET ADDRESS (If rural, give location) <b>1079 WILSON</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARTIN</b>		b. (Middle) <b>ELBIN</b>		c. (Last) <b>SHERMAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 24 '56</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>DEC. 23, 1926</b>	
9. AGE (In years last birthday) <b>29</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STUDENT</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Phillip H. SHERMAN</b>		13b. MOTHER'S MAIDEN NAME		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)		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Record</b> ADDRESS			
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, arteria, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Concussion and contusion, severe</b> 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 <b>8 days</b>	
19a. DATE OF OPERATION <b>12/17/56</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cerebral Concussion and swelling</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Automobile</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Kingdom City, Mo.</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12/15/56 7p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Automobile accident</b>			
22. I hereby certify that I attended the deceased from <b>Dec. 15, 1956</b> , to <b>Dec. 24, 1956</b> , that I last saw the deceased alive on <b>Dec. 24, 1956</b> , and that death occurred at <b>1:37a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Samuel P.W. Black, M.D.</b>				23b. ADDRESS <b>Univ. of Missouri Hosp.</b>		23c. DATE SIGNED <b>Dec. 24, 1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-24-1956</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>ST LOUIS, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>DEC 24, 1956</b>		REGISTRAR'S SIGNATURE <b>Mrs R E Palmer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Parker Funeral Service</b> ADDRESS <b>Columbia Missouri</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

MS  
OCT 9  
1959

FEB 19 1957

**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.....  
Licensed Embalmer No. 489  
P. O. Address Columbia

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.