

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 10 1957

BIRTH NO. REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY OR TOWN <u>Bevier</u>	d. Is Residence within limits of a city or incorporating town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>3 weeks</u>		e. STREET ADDRESS (If rural, give location) <u>2610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>#443 McClarney Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jess</u> b. (Middle) <u>Sherman</u> c. (Last) <u>Sherman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 27 57</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9 5 81</u>	9. AGE (In years last birthday) <u>75</u>	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) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and State or Foreign Country) <u>Galena Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Madison Sherman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Wells</u>		14. NAME OF HUSBAND OR WIFE <u>Doris Sherman Bevier, Mo.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>556-30-1134</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bevier, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningitis</u>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Septicemia</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			
19a. DATE OF OPERATION ---		19b. MAJOR FINDINGS OF OPERATION ---			20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) _____		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 5/10, 1957, to 5/27, 1957, that I last saw the deceased alive on 5/27, 1957, and that death occurred at 12 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. W. Bohman</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Brookfield Mo.</u>		23c. DATE SIGNED <u>6/3/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-29-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Richardsdale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bevier Missouri</u>	

DATE REC'D BY LOCAL REG. <u>6-3-57</u>		REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. S. Edwards</u>		ADDRESS <u>Bevier, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1678

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 *H. G. Edwards*.....

Licensed Embalmer No....1961....

P. O. Address.....evier, Missouri

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.