

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28902

STATE FILE NUMBER

FILED AUG 26 1957

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 260

1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Pickering		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hospital 1 da			Length of stay in lb		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Rebecca Ann Sherlock				4. DATE OF DEATH Month 8 Day 15 Year 1957					
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb 9, 1957		9. AGE (In years last birthday) 6 mo	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Maryville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Howard Sherlock				14. MOTHER'S MAIDEN NAME Margaret Rasnic					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT Howard Sherlock, Pickering Mo			Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 754.4								INTERVAL BETWEEN ONSET AND DEATH 6 mo	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)							
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from 8/9, 1957 to 8/17, 1957 and last saw her alive on 8/19/57 Death occurred at 8/17, 1957 9am on the date stated above and to the best of my knowledge, from the cause stated.									
22a. SIGNATURE B. P. Gary M.D. (Degree or title)				22b. ADDRESS Maryville Mo, 657		22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8/17, 1957		23c. NAME OF CEMETERY OR CREMATORY Miriam Cemetery		23d. LOCATION (City, town, or county) (State) Maryville, Mo.			
24. FUNERAL DIRECTOR M. Johnson Maryville Mo ADDRESS				25. DATE RECD. BY LOCAL REG. 8-24-57		26. REGISTRAR'S SIGNATURE Bess Holt			

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare, Public Service
0000-1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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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 *G M Atcherson*.....

Licensed Embalmer No. *25*

P. O. Address *Maryland*

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.