

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32549

STATE FILE NUMBER

FILED SEP 24 1957

Registration District No. 178 Primary Registration District No. 4281 Registrar's No. 75

300  
1-57

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lewis</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Lewis</b>                    |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Canton</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                  | c. CITY OR TOWN <b>Canton</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>At home</b><br>Length of stay in 1b <b>3 yrs.</b>  |                                  | d. STREET ADDRESS (If outside, give location)<br><b>501 S. 3rd</b><br>Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>               |   |
| 3. NAME OF DECEASED<br>(Type or print) First <b>Finley</b> Middle <b>Jack</b> Last <b>Sherwood</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>Sept.</b> Day <b>19</b> Year <b>1957</b>             |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>    | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Febr. 28, 1933</b>   |
| 9. AGE (In years last birthday) <b>24</b>  |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Section worker</b>   | 11. BIRTHPLACE (City and state or country)<br><b>La Grange, Mo.</b>               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Section worker</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>C.B.Q. Railroad</b>   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                     |
| 13a. FATHER'S NAME<br><b>Finley A. Sherwood</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Mable Hutchesson</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>Joan M. Maas</b>                                |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT<br><b>Mrs. Finley A. Sherwood, Canton, Mo.</b><br>Address           |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Gun shot wound in heart</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>.22 caliber rifle</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Instant</b>                                |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>Gun shot wound. 22 rifle</b>                             |   |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>p.m. <b>Sept. 19-57</b>  |                                  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>at home</b>  | 20f. CITY, TOWN, OR LOCATION<br><b>Canton, Lewis County, Mo.</b>                  |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |   |
| 22a. SIGNATURE<br><b>Carl H. Hawley</b> (Deedee or title) <b>3</b>   |                                  | 22b. ADDRESS<br><b>Canton, Mo.</b>  | 22c. DATE SIGNED<br><b>9/21/57</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>Sept. 22, 57</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Forest Grove</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Canton, Lewis County, Mo.</b> |
| 24. FUNERAL DIRECTOR<br><b>Carl H. Hawley, Canton, Mo.</b><br>ADDRESS  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>9-21-'57</b>   | 26. REGISTRAR'S SIGNATURE<br><b>P. W. Jennings, M.D.</b><br>E.C.D.                |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

(Licensed Embalmer's Statement on Reverse Side)

VS NOV 9 1959

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 *Earl H. Buckley* .....

Licensed Embalmer No. *2615* .....  
P. O. Address *Canton, Mo* .....

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.