

FILED OCT 21 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1090

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Joseph</u> <u>all</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Meth</u>		d. STREET ADDRESS (If outside, give location) <u>1620 Pacific</u>	
Length of stay in lb <u>Life</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>PEARL FRANCHIS SHERMAN</u>			4. DATE OF DEATH Month Day Year <u>Oct 8 1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 4, 1889</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life) <u>Housewife Washer</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>cafe</u>	9. AGE (In years last birthday) <u>68</u>
10a. FATHER'S NAME <u>Edward Pettipier</u>		10b. MOTHER'S MAIDEN NAME <u>Anna Lemellen</u>	11. BIRTHPLACE (City and state or country) <u>St. Joseph, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		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) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-07-5965</u>	17. INFORMANT Address <u>Mrs. Charles Moore, St Joseph, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u> <u>Unknown</u>
19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		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 <u>10/8/57</u> to <u>10/8/57</u> and last saw her <sup>her</sup> alive on <u>10/8/57</u> Death occurred at <u>9:54</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Martin H Christ, MD</u>		22b. ADDRESS <u>6106 King Hill</u>	
22c. DATE SIGNED <u>10/11/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct 11, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn</u>
23d. LOCATION (City, town, or county) <u>St. Joseph, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Frank Lupp</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 14, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Robert Fulton</u>
(Licensed Embalmer's Statement on Reverse Side)			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

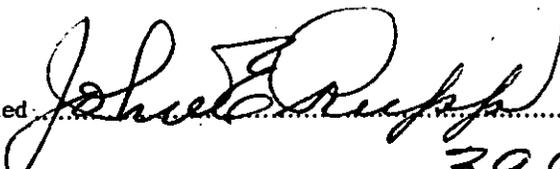
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

48

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, ~~only~~ ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed:  .....

Licensed Embalmer No. 3986 .....

P. O. Address: St. Joseph, 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.