

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1364

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		d. STREET ADDRESS 508 1/2 So 6th	
3. NAME OF DECEASED (Type or print) First Middle Last George Sanford Sherman Jr.		4. DATE OF DEATH Month Day Year Dec 7, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 6, 1937
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) St. Joseph, Mo.
13a. FATHER'S NAME George S. Sherman, Sr		13b. MOTHER'S MAIDEN NAME Opal Cavey	14. NAME OF HUSBAND OR WIFE none
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. unknown	17. INFORMANT Address St. Joseph Mo. George Sanford Sherman Sr,
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic Shock + hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Gunshot wound in chest DUE TO (c) 9195 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none			INTERVAL BETWEEN ONSET AND DEATH 30 min 30 min
20a. ACCIDENT <input checked="" 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.) accidental shooting in back by Police Officer	
20c. TIME OF INJURY Hour Month, Day, Year 9:30 a.m. Dec 7-57		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St. Joseph Buchanan MO STATE	
21. I attended the deceased from deceased remains - and last saw him alive on Dec 7-57 Death occurred at 100' m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Coroner Buchanan (Degree or title) St. Joseph Mo.		22b. ADDRESS 214 Kerppachel St. Joseph Mo	
22c. DATE SIGNED Dec 11-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/11/57	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery St. Joseph, Mo		23d. LOCATION (City, town, or county) (State) St. Joseph, Mo	
24. FUNERAL DIRECTOR Paul Kepp		25. DATE RECD. BY LOCAL REG. Dec. 18, 1957	
26. REGISTRAR'S SIGNATURE Mrs Robert Fulton			

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *John E. Rupp*

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph*

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.