

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1958

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 5582 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jackson</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Sarcorie, route 1</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fairacres</u> Length of stay in 1b <u>6 weeks</u>		d. STREET ADDRESS (If outside, give location) <u>Route 1</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Midge</u> Middle _____ Last <u>Sherman</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>3</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 1, 1887</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nursing</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) <u>Near-Larussell, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>William Neely</u>			14. MOTHER'S MAIDEN NAME <u>Lou Shipman</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. _____	17. INFORMANT <u>John Sherman, rtr 1, Sarcorie, Mo.</u> Address _____		

MEDICAL CERTIFICATION	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>Pneumonia</u> DUE TO (b) <u>Malnutrition</u> DUE TO (c) <u>Arterio-sclerotic psychosis 334XF</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(A) <u>Fracture, basilar, right femoral neck</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>6 mo.</u> <u>6 mo.</u>
	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>				
	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.) <u>Fell upon getting out of bed unaided</u>			
	20c. TIME OF INJURY Hour _____ a. m. _____ p. m. <u>12-27-57</u>				
	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.) <u>Nursing home</u>	20f. CITY, TOWN, OR LOCATION <u>Carthage</u>		COUNTY <u>Jasper</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>12-27-57</u> to <u>Feb 3, 1958</u> and last saw her alive on <u>1-28-58</u> Death occurred at <u>5:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Type or print) <u>M. Foster Whetter M.D.</u>			22b. ADDRESS <u>Carthage, Mo.</u>		22c. DATE SIGNED <u>2-3-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>216-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Carthage Mo.</u>		
24. FUNERAL DIRECTOR <u>Ulmer Funeral Home, Carthage, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 4, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Elm Clutton</u>		

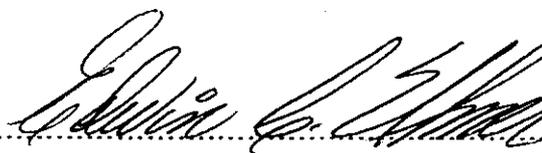
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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

County File Number 58-2-149  
Date Filed FEB 12 1958

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.....  


Licensed Embalmer No. ....

P. O. Address.....

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.