

THE DIVISION OF HEALTH OF MISSOURI 17386-58
STANDARD CERTIFICATE OF DEATH

58-008981
State File No.

FILED APR 7 1958

| | | | | | | | |
|--|--|--|---|--|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 42 | | PRIMARY REG. DIST. NO. 1000 | | Registrar's No. 368 | |
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Nodaway | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. LENGTH OF STAY (to this place) 2 days | | c. CITY OR TOWN Maryville | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist | | | | e. STREET ADDRESS (If rural, give location) 1/2 mile northwest | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH | | b. (Middle) ANN | | c. (Last) SHERMAN | | 4. DATE OF DEATH (Month) (Day) (Year) 4 1 58 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | | 8. DATE OF BIRTH 3/15/58 | |
| 9. AGE (to years last birthday) 0 | | IF UNDER 1 YEAR Months 0 Days 16 | | IF UNDER 4 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 Foreign Country) Maryville, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Marcus Sherman | | | 13b. MOTHER'S MAIDEN NAME Geraldine Henderson | | | 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. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Marcus Sherman, Maryville, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intraventricular (BRAIN) ANTECEDENT CAUSES DUE TO (b) hemorrhage DUE TO (c) Rupture of aneurysm Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) No | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 330X | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? / | | | |
| 22. I hereby certify that I attended the deceased from 3/30, 1958 , to Apr. 1, 1958 , that I last saw the deceased alive on 4/1, 1958 , and that death occurred at 12:30A m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) H. E. Wachter M. D. | | | | 23b. ADDRESS St. Joseph, Missouri | | 23c. DATE SIGNED 4/2/58 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 4/2/58 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Hill | | 24d. LOCATION (City, town, or county) (State) Maryville, Missouri | |
| DATE REC'D BY LOCAL REG. April 4, 1958 | | REGISTRAR'S SIGNATURE Mrs. Clark Goodell | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo. | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Clayton M. Price*.....

Licensed Embalmer No. *182*.....

P. O. Address *Marpsville*.....

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.