

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039011
STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1313

300
-57

1. PLACE OF DEATH a. COUNTY Euchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Euchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp. #2		Length of stay in 1b 4 yrs.	d. STREET ADDRESS (If outside, give location) 624 North 6th St.,
3. NAME OF DECEASED (Type or print) First Middle Last ELIZABETH (LIZZIE) SHERWOOD		4. DATE OF DEATH Month Day Year Dec. 7, 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 4, 1887
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Euchanan Co., Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Louis Chambers	
13b. MOTHER'S MAIDEN NAME Amanda Kerns		14. NAME OF HUSBAND OR WIFE unknown	
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 Earl Vogel, Osborn, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Chronic brain syndrome with Cerebral Art. Scler.			INTERVAL BETWEEN ONSET AND DEATH 6 mo. 5 yrs. unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 WORK <input type="checkbox"/> NOT WHILE 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 Nov. 15, 1958 to Dec. 7, 1958 and last saw her alive on Nov. 14, 1958 Death occurred at 12:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Mohammad Tahir M.D. 6		22b. ADDRESS St. Joseph, Missouri	22c. DATE SIGNED Dec. 7, 58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Dec. 9, 1958	23c. NAME OF CEMETERY OR CREMATORY Erick Church Cemetery	23d. LOCATION (City, town, or county) (State) Easton, Missouri
24. FUNERAL DIRECTOR ADDRESS Mueschler-Herman, Inc. St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 9, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clara Goodell

All diseases in Part I must be causally related.
Dr. Mohammad Tahir
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Eric J. Phares*
Licensed Embalmer No. 4679
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.