

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031876

FILED VS OCT 13 1959

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Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

STATE FILE NUMBER

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dewees</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pattonburg</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dewees</u> c. CITY OR TOWN <u>Pattonburg</u> d. STREET ADDRESS (If outside, give location) _____ | |
| Length of stay in lb <u>10 yrs.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|--|---|---|---|---|--|---|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>ELIZABETH (WME) SHERRILL</u> | | | 4. DATE OF DEATH Month Day Year <u>Sept 30 1959</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 11 1871</u> | 9. AGE (last birthday) <u>88</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | | 11. BIRTHPLACE (City and state or country) <u>Pattonburg, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA.</u> | |
| 13a. FATHER'S NAME <u>George Crabtree</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Stupertin</u> | | 14. NAME OF HUSBAND OR WIFE <u>William Sherrill</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. <u>No</u> | | 17. INFORMANT Address <u>Alice Waters - Pattonburg Mo.</u> | | |

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| 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 Thrombosis</u> DUE TO (b) <u>Chronic Myocarditis +</u> DUE TO (c) <u>Hypertension</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>20 yrs</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | |

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|---|--|--|---|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | |
|---|--|--|---|--|--|

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|---|--|---|--|--|--|
| 19. WAS AUTOPSY PERFORMED? 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 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 <u>195-3</u> to <u>9/30/59</u> and last saw her <u>9/29/59</u> alive on Death occurred at <u>11:15 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |

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|--|--------------------------------------|---|---|---|---|
| 22a. SIGNATURE (Degree or title) <u>P. S. Baumgardner MD</u> | | | 22b. ADDRESS <u>Pattonburg Mo</u> | | 22c. DATE SIGNED <u>10/2/59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>30 Oct 59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Matkins</u> | | 23d. LOCATION (City, town, or county) (State) <u>Harrison Co Missouri</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>M. G. Burn - Pattonburg, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>10 Oct. 1959</u> | | 26. REGISTRAR'S SIGNATURE <u>Regina M Engelhart</u> | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1007 20 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey A. Johnson

Licensed Embalmer No. 5175

P. O. Address Pattonburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.