URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–036409
STATE FILE NUMBER

FILED VS OCT 16 1959

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4802

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: Four
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 513 Troost Ave
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Grandview
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 13506 Cypress
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Billie Middle: Minnie Last: Sherer
4. DATE OF DEATH: Month 10 Day 4 Year 59
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-1-1905
9. AGE (last birthday): 54
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (City and state or country): New York
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Aaron Markus
13b. MOTHER'S MAIDEN NAME: Leah Messinger
14. NAME OF HUSBAND OR WIFE: C. Al Sherer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-12-5306
17. INFORMANT: C. Al Sherer Address: Grandview Mo.

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 Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4-5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocardial Failure — 4 to 5 yrs.
DUE TO (c): Two previous myocardial infarctions 5 yrs
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 May 1958, to Oct 4 1959 and last saw her/him alive on 10-3-59
Death occurred at Approx 3 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. J. Lombardino D.O.
22b. ADDRESS: 11525 S. 71 Highway
22c. DATE SIGNED: 10-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-7-59
23c. NAME OF CEMETERY OR CREMATORY: Floral Hills
23d. LOCATION (City, town, or county) (State): Kansas City Mo.
24. FUNERAL DIRECTOR: E. R. George & Sons Inc. ADDRESS: Grandview Mo.
25. DATE RECD. BY LOCAL REG.: 10-5-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF C. J. Lombardino MEDICAL CERTIFICATION

DOCUMENT

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 Sterling E. Goddard

Licensed Embalmer No. 4911

P. O. Address Sandwich

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