

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001376

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1022 Registrar's No. 148 STATE FILE NUMBER

FILED
 AMENDED
 DATE AMENDED
 INSTEAD OF
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF

VS JAN 30 1961

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 19 yrs.
 c. FULL NAME OF HOSPITAL OR INSTITUTION 5714 St. John Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
 a. STATE Mo. b. COUNTY Jackson
 c. CITY OR TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 5714 St. John Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Mable Lorene Sherman
 4. DATE OF DEATH Month Day Year
1-9-1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 9-7-1906 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) Midway, Kansas 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Ezekiel Shipley 13b. MOTHER'S MAIDEN NAME Daisy Witt 14. NAME OF HUSBAND OR WIFE Millard Sherman

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. Millard F. Sherman 17. INFORMANT Address 5714 St. John K.C. 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) Melanocarcinoma Vais INTERVAL BETWEEN ONSET AND DEATH 6 mos.
 DUE TO (b) Melanocarcinoma 2 years
 DUE TO (c) mole left brow unknown
 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 1954 to 1-9-61 and last saw her alive on 1-6-61
 Death occurred at 240 m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) P. A. Kienberg, M.D. 22b. ADDRESS 5276 St. John 22c. DATE SIGNED 1/9/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-11-1961 23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cem. 23d. LOCATION (City, town, or county) Kansas City, Mo. (State)

24. FUNERAL DIRECTOR ADDRESS C. L. Blackman, 1509 W. 9th St. K.C. Mo. 25. DATE RECD. BY LOCAL REG. 1-11-61 26. REGISTRAR'S SIGNATURE Ruth Long

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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address K.C., 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.