

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-61-038214**  
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 415

**FILED OCT 31 1961**

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Francois</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Bonne Terre</u>                    | Length of stay in 1b<br><u>1 da.</u>   | c. CITY OR TOWN <u>Leadwood</u>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u> | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br><u>904 Main</u>   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                                  |   |  |  |  |
|---|----------------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Arthur</u> Middle <u>Nathaniel</u> Last <u>Sherrill</u>               |                                  |   | 4. DATE OF DEATH<br>Month <u>Oct.</u> Day <u>20</u> Year <u>1961</u>               |  |  |
| 5. SEX<br><u>MALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>5-17-1877</u>   | 9. AGE (last birthday)<br><u>84</u>                        | IF UNDER 1 YEAR<br>Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Farmer</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Self-employed</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Bonne Terre, Mo.</u>              | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>               |  |
| 13a. FATHER'S NAME<br><u>Edward Sherrill</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Martha Alcorn</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Alma Parkin Sherrill</u> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |                                  | 16. SOCIAL SECURITY NO.<br><u>-</u>   | 17. INFORMANT<br>Address <u>904 Main</u><br><u>Alma P. Sherrill, Leadwood, Mo.</u> |  |  |

|   |            |  |
|---|------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |            | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u>   |            | <u>unknown</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) | <u>Mesenteric thrombosis (suspected) 24 hrs</u>  |
|   | DUE TO (c) |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|   |   |   |  |
|---|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____                 |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>1946</u> to <u>Oct 20 1961</u> and last saw <sup>her</sup> him alive on <u>Oct 20, 1961</u> |                                    |
| Death occurred at <u>1:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.            |                                    |
| 22a. SIGNATURE<br><u>J. L. Foster M.D.</u> (Degree or title)  | 22b. ADDRESS<br><u>Desloge, Mo</u> |
| 22c. DATE SIGNED<br><u>10-23-61</u>   |                                    |

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>Oct. 23, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Leadwood Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Leadwood, Missouri</u> |
| 24. FUNERAL DIRECTOR<br><u>Bert L. Boyer, Leadwood, Mo.</u> |                                   | 25. DATE RECD. BY LOCAL REG.<br><u>Oct. 23, 1961</u>           | 26. REGISTRAR'S SIGNATURE<br><u>Esther Rudloff</u>                         |

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JAN 19 1962

**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 Arthur L. Bayl

Licensed Embalmer No. 3445

P.O. Address Leadwood

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.