

MISSOURI DIVISION OF HEALTH - PRIMARY CERTIFICATE OF DEATH

-62-032110

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 196

STATE FILE NUMBER

VS 300 Rev. 4/59

DATE AMENDED

10887  
20690  
3  
4 1  
5 2  
6  
7 1  
8 2  
94200  
10  
11  
125-0  
131-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>RANDOLPH</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MOBERLY</b>		Length of stay in 1b <b>1-DAY</b>	c. CITY OR TOWN <b>HOLLIDAY</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>WOODLAND HOSP.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>W. HOLLIDAY</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ALMIRA (NONE) SHEERMAN</b>			4. DATE OF DEATH Month Day Year <b>AUGUST 8 1962</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/22/1879</b>
9. AGE (last birthday) <b>83</b>		IF UNDER 1 YEAR Months Days Hours Min. <b>3-16- - -</b>	IF UNDER 24 HR Hours Min. <b>- -</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOMEWORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	11. BIRTHPLACE (City and state or country) <b>WILLIAMSVILLE, ILL.</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13. FATHER'S NAME <b>GEORGE YOCOM</b>	
14. MOTHER'S MAIDEN NAME <b>NANCY WEMMER</b>		15. NAME OF HUSBAND OR WIFE (DECEASED) <b>ALBERT SHEERMAN</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT Address <b>A-2</b> <b>FRANK SHEERMAN HOLLIDAY MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 <b>Aug. 7</b> , to <b>Aug. 8, 1962</b> and last saw her <sup>her</sup> alive on <b>Aug. 8, 1962</b> Death occurred at <b>2:40 p.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Willie...</i>		22b. ADDRESS <b>Moberly, Mo.</b>	22c. DATE SIGNED <b>8/8/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>8-10-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BETHEL CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>HOLLIDAY, MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>E. H. AGNEW PARIS, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>8-10-62</b>	26. REGISTRAR'S SIGNATURE <i>Teabell...</i>

AUG 21 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 E. M. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.