

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007006

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1167 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 15 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Length of stay in 1b 45 years	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) V A HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 5631 EAST 40 HIGHWAY
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	5. SEX
First Middle Last VERNON WILLIAM SHERMAN		Month Day Year February 20, 1963	Male
6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-28-93	9. AGE (last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Plumber		10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (City and state or country) Neemaha, Nebraska
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Henry W. Sherman	
13b. MOTHER'S MAIDEN NAME Mary H. Coffin		14. NAME OF HUSBAND OR WIFE K.C. Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) Yes WWI		16. SOCIAL SECURITY NO.	
17. INFORMANT Sister, Mrs. Dorleska Saisig, 5220 Norton/ VA Hospital Official Records, K.C. Mo.		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the lung. Conditions, if any, which gave rise to above cause (e), 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 checked="" type="checkbox"/> NO <input 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 _____ s.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. VA attended the deceased from Feb. 12, 1963 to Feb. 20, 1963 Death occurred at 1:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE HUGH C. MOORE, M.D.		22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 2-20-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 25, 1963	23c. NAME OF CEMETERY National Cemetery	23d. LOCATION (City, town, or county) Fort Leavenworth Kansas
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo		25. DATE RECD. BY LOCAL REG. 2-21-63	26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

FORM

DEPARTMENT OF HEALTH

STATE OF MARYLAND

DEPARTMENT OF HEALTH

10-100-20-

DEPARTMENT OF HEALTH

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

Harold S. Reich

Licensed Embalmer No. 4998

P. O. Address K. E. Md.

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.

10-100-20-

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