

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

27445

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1670

STATE FILE NUMBER

FILED JUL 22 1963

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Butler</b>   |   | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Poplar</b>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Poplar Bluff</b>   |   | Length of stay in 1b<br><b>3 days</b>   | c. CITY OR TOWN <b>Doniphan</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Doctor's Hospital</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>Route # 4</b>  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Alice Mae Sherman</b>   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>July 13, 1963</b>   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 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><b>2/13/1900</b>   |
| 9. AGE (last birthday)<br><b>63</b>  |   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Bookkeeper</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Forty Fort, Penn.</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Bookkeeper</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Bookkeeping</b>   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |
| 13a. FATHER'S NAME<br><b>Thomas Butler</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Adie Butler</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Ray Sherman</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO.<br>[Redacted]   | 17. INFORMANT<br>Address<br><b>Mr Ray Sherman Doniphan, Mo.</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cardiac Failure</b><br>DUE TO (b) <b>Myocardial Infarction</b><br>DUE TO (c) <b>Coronary Thrombosis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| 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 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<br>COUNTY STATE   |
| 21. I attended the deceased from <b>7-10-63</b> to <b>7-13-63</b> and last saw her <b>alive</b> on <b>7-13-63</b><br>Death occurred at <b>7:00 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><i>David W. Keller M.D.</i>  |   | 22b. ADDRESS<br><b>621 Pine, Poplar Bluff, Mo.</b>  | 22c. DATE SIGNED<br><b>7-17-63</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>7-16-63</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Bailey Chapel Cemetery</b>   | 23d. LOCATION (City, town, or county)<br><b>Alton, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>Edwards Funeral Home</b>  |   | ADDRESS<br><b>Doniphan, Mo.</b>   | 25. DATE RECD. BY LOCAL REG.<br><b>7/19/1963</b>   |
|  |   |   | 26. REGISTRAR'S SIGNATURE<br><i>Johnathan</i>  |

**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 Jack L. Cunningham, Student Embalmer No. 676

working under my personal supervision.

Student Jack L. Cunningham  
Signature of Student Embalmer

Signed Gene A. Parrent

Licensed Embalmer No. 4809  
P. O. Address Naylor, 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.