

FILED NOV 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34760

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 347

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY St. Francois
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leadinton 0940
d. STREET ADDRESS (If rural give location) 0

3. NAME OF DECEASED
a. (First) Mr. Walter b. (Middle) Sherril c. (Last) Sherril
4. DATE OF DEATH (Month) (Day) (Year) Oct. 23-1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH August 11-1878 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. 73-2-12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner 10b. KIND OF BUSINESS OR INDUSTRY Lead 11. BIRTHPLACE (State or foreign country) Hogan Mo - Iron Co 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Mr. George Sherril 13b. MOTHER'S MAIDEN NAME Mary Jane Pickles 14. NAME OF HUSBAND OR WIFE

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. 493-039473 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ella Gilman (sister) Flat 2111 Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest, possible skull fracture
ANTECEDENT CAUSES Crown jury verdict "Accident came to his death due to being thrown from the car in which he was riding"
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. when it became involved in a collision with the car of George Moore Kearns.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION E8164 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street 21c. (CITY, TOWN, OR TOWNSHIP) 094 Farmington (COUNTY) St. Francois (STATE) Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 19 1951 4:30 PM 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Thrown from auto during collision

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Paul Miller, Coroner, per Paul Miller, Deputy 3 (Degree or title) 23b. ADDRESS Farmington Mo 23c. DATE SIGNED 10/24/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct. 25, 1951 24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem. 24d. LOCATION (City, town, or county) (State) St. Francois Co. Mo.

DATE REC'D BY LOCAL REG. Oct. 26, 1957 REGISTRAR'S SIGNATURE Esther Rudloff 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alvin W. Wood Flat River Mo

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

941
0

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 27 1951

RECEIVED

NOV 17 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Alvin W. Hood

Signed.....
Student Embalmer

Licensed Embalmer No. 2780

P. O. Address. 303 Crawford St. Flat B

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 this body is not embalmed, fact should be so stated above.