

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42675**

FILED JAN 9 1952  
BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3059** Registrar's No. **425**

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

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BONNE TERRE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BONNE TERRE 1941</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>111 LOUISE ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BONNE TERRE HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HOWARD</b> b. (Middle) <b>EDWARD</b> c. (Last) <b>SHERMAN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 26, 1951</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE 10, 1898</b>	9. AGE (In years last birthday) <b>53</b> Months <b>6</b> Day <b>16</b>	10. IF UNDER 1 YEAR Hours <b>0</b> Min. <b>0</b>	10. IF UNDER 1 YEAR Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MILL FORMAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>ST. JOSEPH LEAD CO</b>	11. BIRTHPLACE (State or foreign country) <b>PLATTIN Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>FRANCIS SHERMAN</b>	13b. MOTHER'S MAIDEN NAME <b>MARVELLEN LYNCH</b>	14. NAME OF HUSBAND OR WIFE <b>BELLE SHERMAN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>490-03-1438</b>	17. INFORMANT'S SIGNATURE OR NAME <b>HENRY CARROW</b>	ADDRESS <b>BONNE TERRE Mo</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4201</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec. 24, 1951**, to **Dec. 26, 1951**, that I last saw the deceased alive on **Dec. 26, 1951**, and that death occurred at **8:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Marvin J. Haw, J. O. M. D.</b> (Degree or title)	23b. ADDRESS <b>Bonne Terre, Mo.</b>	23c. DATE SIGNED <b>12/28/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>DEC. 29, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. JOSEPH'S</b>	24d. LOCATION (City, town, or county) (State) <b>BONNE TERRE Mo</b>
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DATE REC'D BY LOCAL REG. <b>Dec. 29, 1951</b>	REGISTRAR'S SIGNATURE <b>Ethel Rudolph</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bennett &amp; Sons</b>	ADDRESS <b>Bonne Terre Mo</b>
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JAN 21 1951

AUG 30 1954

VS AUG 22 1960

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 \_\_\_\_\_  
Student Embalmer

Signed *Garrett J. Claywell*

Licensed Embalmer No. *3706*

P. O. Address *Concord, N.C.*

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.