

FILED MAR 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4082

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 241

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph, I216 S, 17th</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph's Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1216 South 17th St.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Delephene</u> c. (Last) <u>Sherard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>23</u> <u>52</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-2-1893</u>	9. AGE (In years last birthday) <u>68</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>

13a. FATHER'S NAME <u>Ollie Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Liza Roberts</u>	14. NAME OF HUSBAND OR WIFE <u>Louis Sherard</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>XXXXXXXX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louis Sherard, I216 S, 17th St. Joe</u>	ADDRESS <u>Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u> <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cachexia, Secondary</u>		
	ANTECEDENT CAUSE <u>Generalized Abdominal Carcinomatosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Colostomy</u> DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Colostomy</u>			

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 2-19, to 2-23, 1952, that I last saw the deceased alive on 2-23, 1952, and that death occurred at 3:35 P. m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Wm B. ...</u>	22b. ADDRESS <u>510 Carby Bldg</u>	22c. DATE SIGNED <u>2-27-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-26-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Maysville Mo</u>
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DATE REC'D BY LOCAL REG. <u>MARCH 11, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Brown</u>	ADDRESS <u>Maysville Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Individual #

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 John B. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 3933

P. O. Address Maysville 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 this body is not embalmed, fact should be so stated above.