

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

380

State File No. ....

No. 300  
10.48

FILED FEB 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hopkins</u> <u>1740</u>	
c. LENGTH OF STAY (In this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dennis</u> b. (Middle) <u>St.</u> c. (Last) <u>Sherlock</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-31-1953</u>		
--	--	--	--	--	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-11-1900</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	-----------------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Highway Dept. Employee</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Highway Dept.</u>	11. BIRTHPLACE (State or foreign country) <u>Maryville - Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
---	--	---	---

13a. FATHER'S NAME <u>Ed Sherlock</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Pope</u>	14. NAME OF HUSBAND OR WIFE <u>Hazel Sherlock</u>
---------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hazel Sherlock - Hopkins Mo.</u>	ADDRESS
--	-------------------------------------	--	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>paravertebral abscess</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>vertebral abscess, etiology unknown</u>			<u>2 months</u>
	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 <u>1-27-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Bronch, apical node, left</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
---------------------------------------	---	--

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Jan 1, 1953, to Jan 31, 1953, that I last saw the deceased alive on Jan 30, 1953, and that death occurred at 12:55 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William H. Combs, M.D.</u>	23b. ADDRESS <u>902 Edmond St</u>	23c. DATE SIGNED <u>Feb 2, 1953</u>
--	-----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-3-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Patrick Cem - Maryville - Mo</u>	24d. LOCATION (City, town, or county) <u>Mo</u>
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Feb 5, 1953</u>	REGISTRAR'S SIGNATURE <u>Carl C. Castle</u>	446-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Atchison</u>	ADDRESS <u>Maryville Mo</u>
---	---	-------	--	-----------------------------

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

17  
C

OCT 15 1958  
8561 ST 100

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 G. M. Atkinson

Licensed Embalmer No. 2379

P. O. Address Mayville 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.