

FILED APR 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10916

812

BIRTH NO.		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 65	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (in this place) Years		c. CITY OR TOWN Rolla		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 203 West 3rd St.,				e. STREET ADDRESS (If rural, give location) 203 West 3rd St., 0812			
3. NAME OF DECEASED (Type or Print) a. (First) MARK b. (Middle) AUGUST c. (Last) SHERRELL			4. DATE OF DEATH (Month) (Day) (Year) Mar. 22, 1953				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 1, 1905	
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Self		9. AGE (In years) <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 1 YEAR	
11. BIRTHPLACE (City and State or Foreign Country) Phelps County, Missouri			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME George Sherrell			13b. MOTHER'S MAIDEN NAME Caroline West		14. NAME OF HUSBAND OR WIFE Ann Sherrell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XX			16. SOCIAL SECURITY NO. 493-07-6636		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ann Sherrell, 203 W. 3rd. Rolla 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 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.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		4201	
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?			
22. I hereby certify that I attended the deceased from Mar 22, 1953, to Mar 22, 1953, that I last saw the deceased alive on Mar 22, 1953, and that death occurred at 4:00 A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)			23b. ADDRESS Rolla Mo		23c. DATE SIGNED 3/23/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 25, 1953		24c. NAME OF CEMETERY OR CREMATORY Goodall Cemetery		24d. LOCATION (City, town, or county) (State) Arlington, Missouri	
DATE REC'D BY LOCAL REG. Mar. 25, 1953		REGISTRAR'S SIGNATURE Nadine L. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul E. Null Rolla, Mo			

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

APR 9 1954

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.....
Signature of Student Embalmer

Signed..... Paul E. Nitz

Licensed Embalmer No. 449

P. O. Address Rolla, 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.