

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4572

State File No.

FILED MAR 1 1954

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 221

1. PLACE OF DEATH

a. COUNTY Greene

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD

c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Burge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri

b. COUNTY Webster

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rogersville Rural 1120

d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print)

a. (First) Charles b. (Middle) Casper c. (Last) Sherman

4. DATE OF DEATH (Month) (Day) (Year) Feb 23 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 23, 1897 9. AGE (In years last birthday) 76

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired merchant 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Webster Co. Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry C. Sherman 13b. MOTHER'S MAIDEN NAME Hardy 14. NAME OF HUSBAND OR WIFE Bess Sherman

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. None 17. INFORMANT'S SIGNATURE OR NAME Bess Sherman ADDRESS Rogersville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism

ANTECEDENT CAUSES Following prostatectomy

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Recurrent

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 NO

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) 611 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2:10 1954 to Feb 23 1954 that I last saw the deceased alive on Feb 23 1954, and that death occurred at 9:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) W. H. Beel 23b. ADDRESS McDaniel Bell, Spfld Mo 23c. DATE SIGNED 2/26/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb 25 1954 24c. NAME OF CEMETERY OR CREMATORY White Oak Cem. 24d. LOCATION (City, town, or county) (State) Rogersville, Rural, Mo.

DATE REC'D BY LOCAL REG. 2-27-54 REGISTRAR'S SIGNATURE Edith Williamson 25. FUNERAL DIRECTOR'S SIGNATURE W. C. Ferrell ADDRESS Rogersville Mo.

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

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 Max J. Miller

Signed.....
Student Embalmer

Licensed Embalmer No. 4720

P. O. Address Fordland, 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.