

STANDARD CERTIFICATE OF DEATH

State File No. 7748

FILED MAR 19 1954

BIRTH NO. _____		REG. DIST. NO. 34		PRIMARY REG. DIST. NO. 5117		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Cedar		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Rural Cedar		OR TOWN 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Hartsburg, Mo. R.F.D.				d. STREET ADDRESS (If rural, give location) Hartsburg Mo R.F.D.					
3. NAME OF DECEASED (Type or Print) Harry			a. (First)		b. (Middle) Scherman		c. (Last)		
4. DATE OF DEATH Mar. 13, 1954			5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH Sept. 3, 1887			9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 6		IF UNDER 24 HRS. Days 10		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Henry Scherman			13b. MOTHER'S MAIDEN NAME Katie Smith			14. NAME OF HUSBAND OR WIFE Mrs. Hattie Scherman			
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. ✓		17. INFORMANT'S SIGNATURE OR NAME Mrs. Hattie Scherman Hartsburg, Mo. R.F.D.			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, 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						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Essential Hypertension							
		DUE TO (c) Arterio Sclerosis							
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 4201						20. AUTOPSY? YES <input 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 Dec. 15, 1953 , to March 13, 1954 , that I last saw the deceased alive on January 5, 1954 , and that death occurred at 6:57 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE James E. Steffan M.D.				23b. ADDRESS Ashtland, Mo.		23c. DATE SIGNED March 13, 1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 15, 1954		24c. NAME OF CEMETERY OR CREMATORY Evangelic Reform		24d. LOCATION (City, town, or county) Hartsburg, Mo.		(State)	
DATE REC'D BY LOCAL REG. 3/15/54		REGISTRAR'S SIGNATURE Mrs. Mildred Burnett		25. FUNERAL DIRECTOR'S SIGNATURE W. C. Burnett		ADDRESS Ashtland, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 19 1954

SEP 25 1961

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 W. M. L. Burnett

Licensed Embalmer No. 3567

P. O. Address Ashtland 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.