

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22197

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 791

1. PLACE OF DEATH
 a. COUNTY Buchanan
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
 c. LENGTH OF STAY (in this place) 50 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 604 North 8th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Buchanan
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
 d. STREET ADDRESS (If rural, give location) 604 North 8th Street

3. NAME OF DECEASED
 a. (First) GEORGE b. (Middle) EARL c. (Last) SHERMAN Sr.

4. DATE OF DEATH (Month) (Day) (Year)
July 14 1954

5. SEX Male
 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 27, 1893

9. AGE (In years last birthday) 60
 # UNDER 1 YEAR Months Days
 # UNDER 1 YEAR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Dep. Sheriff

10b. KIND OF BUSINESS OR INDUSTRY Law Enforcement

11. BIRTHPLACE (State or foreign country) Near Gower Missouri

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME George Sherman

13b. MOTHER'S MAIDEN NAME Rose Leslie

14. NAME OF HUSBAND OR WIFE Mary E. Sherman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
 (If yes, give year or dates of service) WW #1

16. SOCIAL SECURITY NO. unk.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Mary E. Sherman St. Joseph, 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) Cardiovascular accident
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) generalized arteriosclerosis
 DUE TO (c) diabetes mellitus
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
5 years
5 years

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)
260 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 7-14-54 only, to _____, 19____, that I last saw the deceased alive on 7-14-54, 19____, and that death occurred at 5:30P m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.

23b. ADDRESS St. Joseph, Mo.

23c. DATE SIGNED July 31

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 16, 1954

24c. NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery

24d. LOCATION (City, town, or county) (State) Buchanan Co., Missouri

DATE REC'D BY LOCAL REG. July 17, 1954

REGISTRAR'S SIGNATURE 485- [Signature]

24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] St. Joseph, Mo

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

SEP 17 1950

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.....
Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.