

FILED DEC 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11886**

781

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY <b>Remount</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Remount</b>	
b. CITY OR TOWN <b>Hayte</b>		c. CITY OR TOWN <b>Hayte</b>	
c. LENGTH OF STAY (In this place)		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		e. STREET ADDRESS (If rural, give location) <b>0781</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ruthie</b> b. (Middle) _____ c. (Last) <b>Sherman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 8 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Black</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Abt 1881</b>
9. AGE (In years last birthday) <b>73</b>		10. MONTHS <b>73</b>	11. DAYS <b>73</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>roof</b>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <b>Caruth, Miss</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Sickman</b>	
13b. MOTHER'S MAIDEN NAME <b>Annie Arnold</b>		14. NAME OF HUSBAND OR WIFE <b>Love Sherman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <b>Larry Sherman</b>		18. ADDRESS <b>2244 Washington St</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>Cerebral Arteriosclerosis</b> ANTECEDENT CAUSES <b>Senility</b> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>334X</b>	
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)	
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 <b>8 Dec</b> , 1954, to <b>8 Dec</b> , 1954, that I last saw the deceased alive on <b>8 Dec</b> , 1954, and that death occurred at <b>11 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. F. ...</b> (Degree or title)		23b. ADDRESS <b>Caruth, Miss</b>	
23c. DATE SIGNED <b>14 Dec 1954</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>12/12/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calared Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Portageville MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>DeBoste</b> ADDRESS <b>Funeral Parlor-Portageville, MO</b>	
DATE REC'D BY LOCAL REG <b>12-14-54</b>		REGISTRAR'S SIGNATURE <b>John W. German</b> <b>40's-0</b>	

12-303-54

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

DEC 27 1954

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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.....

Licensed Embalmer No. 448

P. O. Address Caruthersville

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.