

FILED JUL 28 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 22847

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <b>Macon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Macon</b>		c. LENGTH OF STAY (In this place) <b>1 day</b>		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Samaritan Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>RR #1, Macon, Mo.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Stella</b>			b. (Middle) <b>Kate</b>		c. (Last) <b>Sherman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 17, 1955</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>May 27, 1880</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>75 1 20</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Randolph Co, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>David Haines</b>			13b. MOTHER'S MAIDEN NAME <b>Susan M.</b>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William R. Sherman, Macon, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Carcinoma Metas</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 mos</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>unknown</b> DUE TO (c) <b>174X</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arterio-sclerotic Cardio-Vascular System</b> <b>6 yrs</b>							
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)				
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>6-14, 1955</b> , to <b>7-17, 1955</b> , that I last saw the deceased alive on <b>7-17, 1955</b> and that death occurred at <b>2:45</b> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>[Signature] MD</b>					23b. ADDRESS <b>Macon Mo</b>		23c. DATE SIGNED <b>7-19-55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 19, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Macon, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>7/23/55</b>		REGISTRAR'S SIGNATURE <b>Ruth M Neely 185</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>R. Decker Burm Macon, Missouri</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-25-55  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 7-55-122  
Date Filed 7-26-55

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 *Howard F. Myers*

Licensed Embalmer No. *44*

P. O. Address *Macon*

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.