

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36051**

FILED DEC 5 1955

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1248**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If limitation: residence before admission). a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maysville R.F.D.	
c. LENGTH OF STAY (By this place) 7 Day		d. STREET ADDRESS (If rural, give location) 0220 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) ELZA		b. (Middle) FRANKLIN	
		c. (Last) SHERARD	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 25 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 26 1866
9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	11. BIRTHPLACE (State or foreign country) Jackson Co. Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Sherard		13b. MOTHER'S MAIDEN NAME Margaret Ireland	
14. NAME OF HUSBAND OR WIFE Mary Belle (Chaney) Sherard			
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. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Guy Sherard, Maysville Mo.		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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage 8 days DUE TO (c) Hypertension, Natural Decline 5 yrs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331K	
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 Nov 18, 1955 , to Nov 25, 1955 , that I last saw the deceased alive on Nov 24, 1955 , and that death occurred at 9:30 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Arch Blair D.O.		23b. ADDRESS Jays, Kansas	
23c. DATE SIGNED 11-25-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/25-55	
24c. NAME OF CEMETERY OR CREMATORY Woods Cemetery		24d. LOCATION (City, town, or county) (State) Maysville Mo. R.F.D.	
DATE REC'D BY LOCAL REG. Nov. 28, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison 485	
25. FUNERAL DIRECTOR'S SIGNATURE Pilcher Funeral Home		ADDRESS Maysville Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 ^{shall be} was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3960

P. O. Address Maple Hill, 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.