

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

945

State File No. _____

FILED FEB 8 1956

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4896 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo		b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rullivan Meramec		c. CITY OR TOWN Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (In this place) 7 Mo.		e. STREET ADDRESS (If rural, give location) Rural of Sullivan Mo			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Northside Hospital					

3. NAME OF DECEASED (Type or Print) a. (First) Emma			b. (Middle) _____		c. (Last) Sherman		4. DATE OF DEATH (Month) (Day) (Year) 2 6 1956		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 1-15-1872		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 0 Days 21		IF UNDER 24 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo				12. CITIZEN OF WHAT COUNTRY? U.S.A			
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13a. FATHER'S NAME Wm. Fickhoff				13b. MOTHER'S MAIDEN NAME Caroline Brader				14. NAME OF HUSBAND OR WIFE Henry Sherman			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. R. Bacon Sullivan Mo							
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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) Canceroma of Colon										INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
		ANTECEDENT CAUSES 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 153x										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____			
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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? _____					
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22. I hereby certify that I attended the deceased from 8/22, 1949, to 2/6, 1956, that I last saw the deceased alive on 2/5, 1956 and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. Sullivan				23b. ADDRESS Sullivan Mo				23c. DATE SIGNED 2/6/56			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-8-1956		24c. NAME OF CEMETERY OR CREMATORY Tea Cemetery				24d. LOCATION (City, town, or county) (State) Rural of Sullivan MO			
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DATE REC'D BY LOCAL REG. 2-6-56		REGISTRAR'S SIGNATURE Thomas A. Humphrey				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thos P Shaffer Sullivan Mo			
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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 was embalmed by me, or by me..... Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul F. Krollenberg.....

Licensed Embalmer No. 263.....

P. O. Address Sullivan
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.