

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 10324BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		c. CITY OR TOWN <u>Flat River</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>12 hrs.</u>		e. STREET ADDRESS (If rural, give location) <u>208 Rock Street</u> <u>0940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RICHARD</u>	b. (Middle)	c. (Last) <u>SHERRILL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 11 1956</u>
-------------------------------------	---------------------------	-------------	---------------------------	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr. 11 1899</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Days <u>11</u>	IF UNDER 24 HRS. Hours <u>0</u> Min.
--------------------	-------------------------------	---	--------------------------------------	---	--------------------------------	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>car operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>lead mine</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Reynolds County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	--	---

13a. FATHER'S NAME <u>Adam Sherrill</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Edmonds</u>	14. NAME OF HUSBAND OR WIFE <u>Eulah Pearson Sherrill</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Eulah Sherrill, 208 Rock St.</u>
--	--	--

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 <u>Flat River Missouri</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infarction of myocardium</u>	DUE TO (b) <u>Arteriosclerotic coronary thrombosis</u>		<u>6 days</u>
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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) (Min.)	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 3/10/56, 1956, to 3/11/56, 1956, that I last saw the deceased alive on 3/11/56, 1956, and that death occurred at 6:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. W. Miller M.D.</u>	23b. ADDRESS <u>Bonne Terre, Mo.</u>	23c. DATE SIGNED <u>3/12/56</u>
---	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3-13-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glover Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Glover Missouri</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Mar. 12, 1956</u>	REGISTRAR'S SIGNATURE <u>Ether Redloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Missouri</u>
---	--	--

(Licensed Embalmer's Statement on Reverse Side) Enoch White

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

JAN 3 1958

MAR 2 1958

JUN 27 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Quell White*.....

Licensed Embalmer No. *301*

P. O. Address *Trouton*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.