

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17149

State File No.

FILED JUN 4 1956

BIRTH NO. _____ REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 4362 Registrar's No. 16

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY New Madrid | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a.—STATE Missouri b. COUNTY New Madrid <u>0720</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morehouse / | | c. CITY OR TOWN Morehouse | 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) 52 Yrs. | | e. STREET ADDRESS (If rural, give location) - - - - | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Residence-Morehouse, Mo. | | | |

| | | | | |
|-------------------------------------|---------------------------|----------------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) CHARLES | b. (Middle) JACKSON | c. (Last) SHERARD | 4. DATE OF DEATH (Month) (Day) (Year) May 23, 1956 |
|-------------------------------------|---------------------------|----------------------------|--------------------------|---|

| | | | | | | |
|---|-----------------------------------|---|---|---|---|---|
| 5. SEX Male <u>0</u> | 6. COLOR OR RACE Caucasian | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 21, 1871 | 9. AGE (in years last birthday) 84 | IF UNDER 1 YEAR Months 7 Days 2 | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawyer | | 10b. KIND OF BUSINESS OR INDUSTRY Lumber | 11. BIRTHPLACE (City and State or Foreign Country) Indianapolis, Indiana / | | 12. CITIZEN OF WHAT COUNTRY? USA | |

| | | |
|---|--|--|
| 13a. FATHER'S NAME Theodore Sherrard | 13b. MOTHER'S MAIDEN NAME Martha Ellen Trough | 14. NAME OF HUSBAND OR WIFE Margaret Elizabeth Sherrard |
|---|--|--|

| | | | |
|---|-------------------------------------|---|-------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Paul J. Sherrard | ADDRESS Morehouse, Mo. |
|---|-------------------------------------|---|-------------------------------|

| | | | |
|---|--|--|---|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 1 year |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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 | 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 1-24, 1954, to 5-23, 1956, that I last saw the deceased alive on 5-23, 1956, and that death occurred at 10:45 a., from the causes and on the date stated above.

| | | |
|--|---|---------------------------------|
| 23a. SIGNATURE (Degree or title) D. J. Dano M.D. <u>0</u> | 23b. ADDRESS Morehouse, Missouri | 23c. DATE SIGNED 5-26-56 |
|--|---|---------------------------------|

| | | | |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5-26-56 | 24c. NAME OF CEMETERY OR CREMATORY City Cemetery | 24d. LOCATION (City, town, or county) (State) Sikeston, Missouri |
|---|--------------------------|---|---|

| | | | |
|---|--|---|-----------------------------|
| DATE REC'D BY LOCAL REG. 5-26-56 | REGISTRAR'S SIGNATURE Kathryn L. McBain | 25. FUNERAL DIRECTOR'S SIGNATURE Nunnelee Funeral Chapel | ADDRESS Sikeston Mo. |
|---|--|---|-----------------------------|

DATE RECEIVED MAY 29 1956
NEW MADRID CO. HEALTH CENTER

P. J. S.

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 Philip J. Casserly
Licensed Embalmer No. 46
P. O. Address Skate

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.