

FILED AUG 21 1956 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28026

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 292

1. PLACE OF DEATH a. COUNTY ST. FRANCIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY ST. FRANCIS	
b. CITY OR TOWN FLAT RIVER	c. LENGTH OF STAY (in this place) 2 1/2 yrs	c. CITY OR TOWN FLAT RIVER	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BONNE JERRE, MO		- STREET ADDRESS (If rural, give location) 0940	

3. NAME OF DECEASED (Type or Print) LELAND DALE SHERRILL	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) JULY 30 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) no	8. DATE OF BIRTH MAY, 1-1935	9. AGE (in years last birthday) Months Days Hours Min. 21 2 28
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) Flat River, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME MARION, M. SHERRILL	13b. MOTHER'S MAIDEN NAME MARIE POSTON	14. NAME OF HUSBAND OR WIFE NONE
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs Marion Sherrill	ADDRESS Flat River, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Teratocarcinoma of testicle with generalized metastases		
	ANTECEDENT CAUSES Morbidity 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 May 1955	19b. MAJOR FINDINGS OF OPERATION terato carcinoma of testicle	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)
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 **June 1, 1956**, to **July 30, 1956**, that I last saw the deceased alive on **July 30, 1956**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE George J. Whitman M.D.	(Degree or title)	23b. ADDRESS Farmington, Mo.	23c. DATE SIGNED Aug 3, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 2, 1956	24c. NAME OF CEMETERY OR CREMATORIUM PARKVIEW CEMETERY, N.E. of FARMINGTON, MO.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. Aug 3, 1956	REGISTRAR'S SIGNATURE Eather Padloff	25. FUNERAL DIRECTOR'S SIGNATURE Raymond Caldwell & Sons	ADDRESS Flat River, 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *R. Caldwell*

Licensed Embalmer No. *2531*

P. O. Address *Flat River*

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.