

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40519

FILED JAN 7 1957

STATE FILE NUMBER

Registration District No. 25 Primary Registration District No. 5094 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Bates			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Papinsville <u>0070</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 Mi. S. E. Rich Hill		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Found		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLES Middle SHERLA Last SHERMAN			4. DATE OF DEATH Found Dec 31, 1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 27 1883 <u>03</u>	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and state or country) Papinsville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jeremiah Sherman			14. MOTHER'S MAIDEN NAME Mary Hollingsworth		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 486-26-2717	17. INFORMANT Address Mrs. Bonnie Teonard-Rich Hill, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Exposure					INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					9339 46
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) This man wandered away from home in April 1956, was not seen until 31 Dec 56, at which time his disarticulated skeleton was discovered. There was no evidence of violence or injury.					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20c. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION Papinsville, Missouri		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Doris H. Hunter (Degree or title) Coroner			22b. ADDRESS Mrs. Bates, Co. 112 S. Havana, Butler, Mo.		22c. DATE SIGNED 3 Jan 57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1/2/57	23c. NAME OF CEMETERY OR CREMATORY Papinsville Cemetery		23d. LOCATION (City, town, or county) (State) Papinsville, Missouri
24. FUNERAL DIRECTOR Booth Funeral Serv. Rich Hill, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. Jan. 4. 1957	26. REGISTRAR'S SIGNATURE Mrs. Edna Dong Lau.	

(Licensed Embalmer's Statement on Reverse Side)

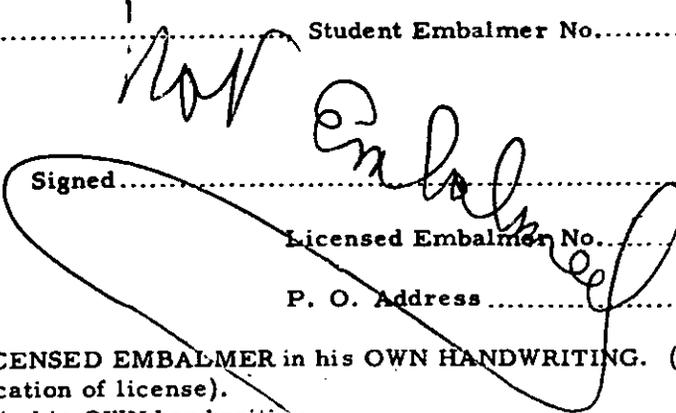
with, welfare, public, service, 00, -56, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, Director, coroner, etc. must use only standard nomenclature in form to be uniform in all states. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

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.....
Licensed Embalmer No.....
P. O. Address.....



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.