

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 26 1957

30010

STATE FILE NUMBER

7036

Registration District No. **318** Primary Registration District **1003** Registrar's No. **7036**

1. PLACE OF DEATH a. COUNTY <i>Missouri</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Osawatimie</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Osawatimie</i> <i>815th</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mo. Pac. Hospital</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>1232 Main St</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>William</i> Middle <i>H.</i> Last <i>Sherman</i>			4. DATE OF DEATH Month <i>July</i> Day <i>26</i> Year <i>1957</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>2-12-1889</i>		9. AGE (In years last birthday) <i>68</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired engineer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Mo. Pac RR</i>		11. BIRTHPLACE (City and state or country) <i>Willow Spr. Neb.</i>	
13. FATHER'S NAME <i>W. B. Sherman</i>			14. MOTHER'S MAIDEN NAME <i>unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>702-16-5620</i>		17. INFORMANT Address <i>Mamie Sherman Osawatimie, Kansas</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Subarachnoid Hemorrhage</i>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Generalized arteriosclerosis</i>					
DUE TO (c) <i>Hypertensive Heart Disease</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <i>443x</i>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY: Hour <i>3</i> Month <i>3</i> Day <i>3</i> Year <i>3</i> a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>June 29/57</i> to <i>July 26, 1957</i> and last saw her/him alive on <i>July 26, 1957</i> Death occurred at <i>11:30 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Charles H. Jones, M.D.</i>			22b. ADDRESS <i>1755 S. Grand Maple</i>		22c. DATE SIGNED <i>July 27/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>7-27-57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Osawatimie, Kansas</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Birchard, Osawatimie, Kansas</i>		25. DATE RECD. BY LOCAL REG. <i>JUL 29 '57</i>		26. REGISTRAR'S SIGNATURE <i>J. Paul Smith, M.D.</i> <i>M. J. B.</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *Homer H. Jantz*

Licensed Embalmer No. ... 3

P. O. Address *St. Louis*

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.