

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39136
STATE FILE NUMBER

FILED DEC 3-1957

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Bates			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Butler <u>0071</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 110 E Dakota St		Length of stay in lb 4 yrs		d. STREET ADDRESS 110 East Dakota St	
3. NAME OF DECEASED (Type or print) First RAYMOND Middle ROE Last SHERMAN		4. DATE OF DEATH Month Nov Day 19 Year 1957			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/23/1898	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Bates Co Mo.	
13a. FATHER'S NAME Willard Sherman		13b. MOTHER'S MAIDEN NAME Hattie Short		14. NAME OF HUSBAND OR WIFE Luella Sherman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 487 36 3544		17. INFORMANT Address Wayne Sherman-Galena Kans.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CORONARY Occlusion				INTERVAL BETWEEN ONSET AND DEATH MINUTES	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CHRONIC EMPHYSEMA, BILATEARL				10 YEARS	
DUE TO (c) PULMONARY FIBROSIS, BILATEARL				UNKNOWN	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) OBESITY				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. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year 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 JAN 19, 1955 to NOV 19, 1957 and last saw ^{her} him alive on NOV. 18, 1957 Death occurred at 8 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) John M. Cooper M.D.			22b. ADDRESS Butler Missouri		22c. DATE SIGNED 11/21/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/21/57	23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery		23d. LOCATION (City, town, or county) (State) Butler Missouri
24. FUNERAL DIRECTOR ADDRESS Culver Underwood-Butler Mo.			25. DATE RECD. BY LOCAL REG. NOV-21-1957	26. REGISTRAR'S SIGNATURE Rendall Korum	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Robert G. Strick*

Licensed Embalmer No. *4657*

P. O. Address.. *Butler, Pa.*

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.