

FILED NOV 25 1957

STANDARD CERTIFICATE OF DEATH

39343
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1258

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) St. Joseph's Hosp.		d. STREET ADDRESS (If outside, give location) 510 No. Belt Highway	
3. NAME OF DECEASED First DARRELL Middle LYNN Last SHERARD		4. DATE OF DEATH Month Nov. Day 9 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 9, 1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 3
11. BIRTHPLACE (City and state or country) St. Joseph Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME William Frederick Sherard		13b. MOTHER'S MAIDEN NAME Gladys Faye Donahoo	
14. NAME OF HUSBAND OR WIFE None		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 Mr. William F. Sherard Address St. Joseph, 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) Fetal Atelectasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7625			INTERVAL BETWEEN ONSET AND DEATH 30 min
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 11/9/57 , to _____ and last saw him alive on _____ Death occurred at 6:30P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert Benson</i> (Degree or title)		22b. ADDRESS 510 Cedar Bldg	
22c. DATE SIGNED 11/18/57		23a. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	
23b. DATE 11-11-57		23c. LOCATION (City, town, or county) (State) St. Joseph Missouri	
23d. BURIAL, CREMATION, REMOVAL (Specify) Burial		24. FUNERAL DIRECTOR Thomas Funeral Home ADDRESS St. Joseph, Mo.	
25. DATE RECD. BY LOCAL REG. Nov. 21, 1957		26. REGISTRAR'S SIGNATURE <i>Mrs Robert Fulton</i>	

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.

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 *George A. Kerley*

Licensed Embalmer No. *4752*

P. O. Address *Joseph m*

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.