

Health, X  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035418  
STATE FILE NUMBER

FILED NOV 12 1958

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 148

S. 300  
1-57  
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1. PLACE OF DEATH a. COUNTY <i>Bates</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Bates</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Butler</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Butler</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in Bureau of Vital Statistics) HOSPITAL OR INSTITUTION <i>Butler Hosp.</i>			Length of stay in lb <i>1 day</i>		0070 STREET ADDRESS <i>R. 7. W. 3</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Henry Homer Sherman</i>				4. DATE OF DEATH Month Day Year <i>Nov. 4, 1958</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"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <i>June 10, 1884</i>		9. AGE (In years last birthday) <i>74</i>	IF UNDER 1 YEAR Months Days <i>0 0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (City and state or country) <i>Butler, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Daniel Sherman</i>			13b. MOTHER'S MAIDEN NAME <i>Emma Chase</i>			14. NAME OF HUSBAND OR WIFE <i>—</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Elmer Sherman</i>		Address <i>Butler, Mo.</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>Crushing Injury Chest</i>						INTERVAL BETWEEN ONSET AND DEATH <i>6:30 PM</i> <i>11/4/58</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Wall, fractured Both Bones</i>							
DUE TO (c) <i>Right leg - skull fracture Base</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) <i>Fell over fence into Back end of another fence</i>					
20c. TIME OF INJURY <i>6:30 p.m.</i>		Hour Month, Day, Year <i>11/4/58</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>State Highway</i>			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION <i>Butler</i>		20f. COUNTY <i>Bates</i>		STATE <i>Missouri</i>	
21. Lattended the deceased from <i>Nov 4 1958</i> to <i>Nov 4 1958</i> and last saw him alive on <i>Nov 4, 1958</i> Death occurred at <i>7:30 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Carter W. Leiter MD</i>				22b. ADDRESS <i>Butler, Mo</i>		22c. DATE SIGNED <i>11/4/58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>11-6-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Cubhill Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Butler, Mo.</i>		
24. FUNERAL DIRECTOR <i>Culver-Underwood</i>			ADDRESS <i>Butler, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>NOV-6-1958</i>		26. REGISTRAR'S SIGNATURE <i>Kendall Army</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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.

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 *John G. Underwood* .....

Licensed Embalmer No. *3585* .....

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.