

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045144

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 232

FILED DEC 17 1958

300
1-57

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		c. CITY OR TOWN Rolla	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 660 Salem ave.,		d. STREET ADDRESS 660 Salem ave.,	
3. NAME OF DECEASED (Type or print) First Middle Last ACIE WILLIAM SHERRILL		4. DATE OF DEATH Dec. 13, 1958	
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 April 10, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Perry Co. Mo.
13a. FATHER'S NAME Monroe M. Sherrill		13b. MOTHER'S MAIDEN NAME Julia H. Martin	14. NAME OF HUSBAND OR WIFE Grace Sherrill
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 361 05 7237	17. INFORMANT Address Grace Sherrill 660 Salem ave., Rolla, 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) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>None</u>			INTERVAL BETWEEN ONSET AND DEATH: <u>Immediate</u> <u>3 years</u>
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 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.) <u>4200</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 <u>10/29/58</u> to <u>12/13/58</u> and last saw <u>him</u> alive on <u>12/12/58</u> . Death occurred at <u>12:00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Doc?</u>		22b. ADDRESS <u>Rolla Mo</u>	
22c. DATE SIGNED <u>12/13/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-15-1958	
23c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery		23d. LOCATION (City, town, or county) (State) Rolla, Mo.	
24. FUNERAL DIRECTOR <u>Carl J. Glenn</u> ADDRESS 1100 Elm, Rolla, Mo.		25. DATE RECD. BY LOCAL REG. <u>Dec. 13, 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>			

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

County
Date Filed Dec. 16, 1958

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^{me}....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 4207

P. O. Address Rolla, Mo.

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.