

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'59 0 4 3 6 6 6
State File No.

FILED VS DEC 22 1959

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. _____ Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural</u>		c. CITY OR TOWN <u>Farmington, Iowa</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>18 yrs</u>		f. STREET ADDRESS (If rural, give location) <u>6 miles SW of Farmington, Iowa</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles SW of Farmington, Iowa</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>ANTHONY</u> c. (Last) <u>SHERRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 7 1959</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10/29/1902</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Munster, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>John Sherry</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Geyer</u>		14. NAME OF HUSBAND OR WIFE <u>Jessica Koepke Sherry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>483 18 719</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John A. Sherry, Farmington, Iowa</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>5min</u>

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thromboses</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10yrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u>		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May, 1950, to Dec, 1959, that I last saw the deceased alive on Dec 7, 1959, and that death occurred at 11:30pm from the causes and on the date stated above.

23a. SIGNATURE <u>James W. Daniel M.D.</u> (Degree or title)		23b. ADDRESS <u>Keosauqua Iowa</u>		23c. DATE SIGNED <u>12-10-59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-8-59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Christy Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>SW of Farmington, Iowa</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Karls</u> ADDRESS <u>Kahoka Mo.</u>			
DATE REC'D BY LOCAL OFFICE <u>12/14-59</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		(Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Erud J. Karle*

Licensed Embalmer No. *1023*.....

P. O. Address *Kahoka 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.