MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-033500
STATE FILE NUMBER

ARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 68

FILED SEP 19 1961

1. PLACE OF DEATH
a. COUNTY Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canton — Length of stay in 1b Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) At home — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lewis
c. CITY OR TOWN Canton — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Canton, Rural — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Charles Middle Leonard Last Sherwood

4. DATE OF DEATH Month Day Year Sept.8,1961

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-21-1883
9. AGE (last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Lewis County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry C. Sherwood
13b. MOTHER'S MAIDEN NAME Sarah Moore
14. NAME OF HUSBAND OR WIFE Cora O. Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Cora O. Sherwood, Canton, 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) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ~~Cirr~~ CIRRHOSIS LIVER — 2 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Aug 4-1958 to Sept 8-61 and last saw ~~her~~ him alive on Sept 8-61
Death occurred at 730A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Claudis Y Davis MD
22b. ADDRESS CANTON MO
22c. DATE SIGNED Sept 10-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-11-1961
23c. NAME OF CEMETERY OR CREMATORY Forest Grove
23d. LOCATION (City, town, or county) (State) Canton, Lewis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Carl H. Buckley, Canton Mo.
25. DATE RECD. BY LOCAL REG. 9-12-61
26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

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_____ Signed Earl H. Buckley

Signature of Student Embalmer

Licensed Embalmer No. 2615

P. O. Address Canton, N

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.