DEPARTMENT OF PUBLIC HEALTH AND WELFARE – MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

124

STATE FILE NUMBER 72 022674

FILED NOV 15 1972 Registration District No. 100 Primary Registration District No. 5390 Registrar's No. 137

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/70

9. 29
10a. 29
10b. 187
11. 04501
12.
13. 0023105
14. 1
15. 4109
16. 8
17. 4
18.
19. CREDITS
20.

DECEASED

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Benjamin ~~Franklin~~ Peter Sherman
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): Nov. 13, 1972
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): White
5a. AGE—LAST BIRTHDAY (YEARS): 81
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): Sept. 18, 1891
7a. COUNTY OF DEATH: Dent
7b. CITY, TOWN, OR LOCATION OF DEATH: Salem, Missouri
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): No
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Salem Memorial Hospital, Salem, Mo.
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Missouri
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): None
12. SOCIAL SECURITY NUMBER: Unknown
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Retired
13b. KIND OF BUSINESS OR INDUSTRY: X

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. → 6. 10252

14a. RESIDENCE—STATE: Missouri
14b. COUNTY: St. ~~Genevieve~~ Francois
14c. CITY, TOWN, OR LOCATION: Bonne Terre
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14e. STREET AND NUMBER: 35 D. Street

PARENTS

15. FATHER—NAME (FIRST, MIDDLE, LAST): August Sherman
16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Moreau, Mary Sherman

17a. INFORMANT—NAME: Joan Davis
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): P. O. Box 551 Salem, Missouri 65560

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE
(a) Coronary occlusion.
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b) ASHD.
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Carcinoma of prostate pneumonia, diabetes.
19a. AUTOPSY (YES OR NO):
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR: M.
20d. HOW INJURY Ooccurred (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):
20h. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS: ☐ YES ☐ NO ☐ UNK

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) TO (MONTH, DAY, YEAR)
21b.
21c. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH.
21e. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. (HOUR): M.

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH:
22b. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): M.
23a. CERTIFIER—NAME (TYPE OR PRINT): M. M. Hart, M. D.
23b. SIGNATURE: M M Hart
23c. DEGREE OR TITLE
23c. DATE SIGNED (MONTH, DAY, YEAR): 11-14-72
23d. MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Salem, Missouri 65560

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: Marvin Chapel Cem.
24c. LOCATION (CITY OR TOWN, STATE): Bonne Terre, Missouri
24d. DATE (MONTH, DAY, YEAR): Nov. 16, 1972
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): C. Z. Boyer & Son, Inc., Funeral Home, Bonne Terre
25b. FUNERAL DIRECTOR—SIGNATURE: C. Z. Boyer
26a. REGISTRAR—SIGNATURE: M M Hart, M.D. by Dm
26b. DATE RECEIVED BY LOCAL REGISTRAR: 11-14-72

Type or print in PERMANENT BLACK INK. See handbook for instructions.

Items #1 & 14b corrected by an affidavit from the Informant - 1-12-73

NOV 29 1972

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 [signature]

Licensed Embalmer No. 2370

P. O. Address Salem MD

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.