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

CERTIFICATE OF DEATH

124 STATE FILE NUMBER 73 005415

DO NOT WRITE ON THIS STUB

7b-c 0450
7d. 10076
8. 29
14a. 29
14b. 187
14c-d 04501
14e. 030
23. 034125
26a. 2
18-U. 4123
18-S-1.
18-S-2.
20a-f.
20g-St.
20g-Co.
20g-Cy.

VS 300 Rev. 11/72

FILED MAR 6 1973 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 117

DECEASED

1. DECEASED—NAME: JOHN MARTIN SHERMAN
2. SEX: MALE
3. DATE OF DEATH (MONTH, DAY, YEAR): FEBRUARY 26, 1973
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.): WHITE
5a. AGE—LAST BIRTHDAY (YEARS): 79
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): JAN 14, 1894
7a. COUNTY OF DEATH: ST. FRANCOIS
7b. CITY, TOWN, OR LOCATION OF DEATH: BONNE TERRE
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): BONNE TERRE HOSPITAL
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): MISSOURI
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): NEVER MARRIED
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12. SOCIAL SECURITY NUMBER: 497-18-2054
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): LABORER
13b. KIND OF BUSINESS OR INDUSTRY: DRILLING COMPANY

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

14a. RESIDENCE—STATE: MO.
14b. COUNTY: ST. FRAN.
14c. CITY, TOWN, OR LOCATION, ZIP CODE: BONNE TERRE 63628
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
14e. TOWNSHIP: PERRY
14f. STREET AND NUMBER: 19 D STREET

PARENTS

15. FATHER—NAME: GUS SHERMAN
16. MOTHER—MAIDEN NAME: ELIZABETH MOREAU

17a. INFORMANT—NAME: MRS. LEE PIERCE
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 19 "D" St., BONNE TERRE, MO. 63628

CAUSE

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

18.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(a) Complete stroke	Several days
DUE TO, OR AS A CONSEQUENCE OF:		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	(b) Generalized arteriosclerosis	
DUE TO, OR AS A CONSEQUENCE OF:		
	(c) Arteriosclerotic heart disease with congestive heart failure.	

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (c)

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 OCCURRED (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): Feb. 6 1973
21b. TO (MONTH, DAY, YEAR): Feb. 26 1973
21c. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): Feb. 26 1973
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH: did not
21e. DEATH OCCURRED (HOUR): 9:05p M.
TO THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

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: M.
22b. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): M.

23a. CERTIFIER—NAME (TYPE OR PRINT): Pairat Vibulakaopun
23b. MD. LICENSE NO.: 34125
23c. SIGNATURE: Pairat Vibulakaopun DEGREE OR TITLE: M.D.
23d. DATE SIGNED (MONTH, DAY, YEAR): 2-27-73
23e. MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 30 N. Allen, Bonne Terre, Missouri 63628

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
24b. CEMETERY OR CREMATORY—NAME: MARVIN CHAPEL
24c. LOCATION (CITY OR TOWN, STATE): ROUTE # 1, BONNE TERRE, Mo.
24d. DATE (MONTH, DAY, YEAR): MARCH 1, 1973
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): C.Z. BOYER & SON, INC. P.O. BOX 236, BONNE TERRE, MO. 63628
25b. FUNERAL DIRECTOR—SIGNATURE: C. T. Boyer
25c. REG. NO.: 1078
26a. REGISTRAR—SIGNATURE: M. L. Day
26b. DATE RECEIVED BY LOCAL REGISTRAR: March 1, 1973

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

MAR 9 1973

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 James L. Francis, Student Embalmer No. 1028 working under my personal supervision.

Student James L. Francis Signed Burlin T. Boyer Jr.

Signature of Student Embalmer

Licensed Embalmer No. 5117

P. O. Address Bonne Terre, 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.