

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5248

Registrar's No. 78

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5370		Registrar's No. 78	
1. PLACE OF DEATH a. COUNTY Jackson Rural				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Sibley (Ft. Osage)				c. LENGTH OF STAY (In this place) _____			
c. CITY (If outside corporate limits, write RURAL and give township) Sibley Rural Ft. Osage				d. STREET ADDRESS (If rural, give location) RR 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, RR 1							
3. NAME OF DECEASED (Type or Print)		a. (First) Lillie		b. (Middle) Pearl		c. (Last) Herron	
4. DATE OF DEATH		Mar. 2, 1949					
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH Oct. 19, 1884	
9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self employed		11. BIRTHPLACE (State or foreign country) Jackson County, Mo.		12. CITIZEN OF WHAT COUNTRY? American	
13a. FATHER'S NAME Sam Ferguson		13b. MOTHER'S MAIDEN NAME Julia Fowler		14. NAME OF HUSBAND OR WIFE George M. Herron			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Geo. M. Herron, RR 1, Sibley, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Interval between onset and death _____				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Feb 28, 1949, to Mar 2, 1949, that I last saw the deceased alive on Mar 2, 1949, and that death occurred at 1:10 a.m., from the causes and on the date stated above.							
23a. SIGNATURE John L. Heister D.O.				23b. ADDRESS Bruckner Mo		23c. DATE SIGNED 3/3/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Mar 4-1949		24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery		24d. LOCATION (City, town, or county) Jackson Co. Mo	
DATE REC'D BY LOCAL REG. Mar. 3-1949		REGISTRAR'S SIGNATURE [Signature]		3-54		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Independence, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed _____

Lloyd C. Carson

Signed _____

Student Embalmer

Licensed Embalmer No. *4199*

P. O. Address _____

Independence

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 this body is not embalmed, fact should be so stated above.