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

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20683

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 219

1. PLACE OF DEATH

a. COUNTY: ST. FRANCOIS

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FARMINGTON, MO.

c. LENGTH OF STAY (in this place): 50 YEARS

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: MISSOURI

b. COUNTY: ST. FRANCOIS

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): /

d. STREET ADDRESS (If rural, give location): FARMINGTON 115 N. MAIN

3. NAME OF DECEASED (Type or Print) a. (First): FELIX b. (Middle): c. (Last): HERZOG

4. DATE OF DEATH (Month) (Day) (Year): JUNE 26 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: JULY 22 1860

9. AGE (In years last birthday): 88 IF UNDER 1 YEAR Months: 11 Days: 4 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: LABORER

11. BIRTHPLACE (State or foreign country): MO. STE GENEVIEVE CTY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: ANTOINE HERZOG

13b. MOTHER'S MAIDEN NAME: ODEAL SCHILLEY

14. NAME OF HUSBAND OR WIFE: JANE LEDEVRE HERZOG

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.: NO

17. INFORMANT'S SIGNATURE OR NAME: MRS. ODEAL HAYNES ADDRESS: Farmington Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardio Vascular Renal disease — 4 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. — 44 X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1948, *to* June 26, 1949, *that I last saw the deceased alive on* June 25, 1949, *and that death occurred at* 5:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: George L. Wittum (Degree or title) M.D. 23b. ADDRESS: Farmington Mo 23c. DATE SIGNED: 6-27-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 24b. DATE: 6-29-1949 24c. NAME OF CEMETERY OR CREMATORY: Old Calvary Cem. 24d. LOCATION (City, town, or county) (State): Farmington, Mo.

DATE REC'D BY LOCAL REG.: June 28, 1949 REGISTRAR'S SIGNATURE: Esther Rudloff 25. FUNERAL DIRECTOR'S SIGNATURE: C H Cozean ADDRESS: Mo Farmington

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-6-49

District Health Officer No. 4

District File Number 249-883

Date Filed

JUL 8 1949

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 ..... Student Embalmer

Signed C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington 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 this body is not embalmed, fact should be so stated above.