

FILED SEP 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26299

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5164 Registrar's No. 287

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>One Mile S. Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>R.F.D.# 6</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Front of his Home Mokane Rd</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>J</u>	b. (Middle) <u>C(Chris)</u>	c. (Last) <u>Herman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 25 1949</u>
-------------------------------------	---------------------	-----------------------------	-------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March, 29, 1868</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>26</u>	IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>
--------------------	-------------------------------	---	---	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Franklin Co, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>J.C. Herman</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
---------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Henry Kallmeyer, Fulton, Mo.</u> 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		INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2</u> <u>2 1/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental death</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Caused by being struck by moving car</u> DUE TO (c) <u>unavoidable</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Near Fulton Mo</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No physician attending</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SPECIFIC HOMICIDE (Specify) <u>Struck by automobile on highway</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton City, Fulton, Callaway Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 26 1949 8:10 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by moving automobile</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.P. Garrett, Coroner</u> (Degree or title)	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>8/26/49</u>
---	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug, 27, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton, Missouri</u>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Aug 26-1949</u>	REGISTRAR'S SIGNATURE <u>Narett Lawrence</u> 426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home, Fulton Mo</u> ADDRESS
---	--	---

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

RECEIVED
AUG 29 1919
District Health Officer No. 9,
District File Number

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 _____
Student Embalmer

Signed David C. Browning

Licensed Embalmer No. 2724

P. O. Address Fullers Mt

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.