

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33323**

FILED NOV 3 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **6291** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Liberty</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Liberty</b>	
c. LENGTH OF STAY (in this place) <b>3 Months</b>		d. STREET ADDRESS (If rural, give location) <b>416 E. Franklin</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State IOOF Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mildred</b> b. (Middle) _____ c. (Last) <b>Herrel</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 20 1949</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>May 15-1870</b>		9. AGE (In years last birthday) <b>79</b>		if UNDER 1 YEAR: Days <b>5</b> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>"</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>US.</b>					

13a. FATHER'S NAME <b>William Herrel</b>		13b. MOTHER'S MAIDEN NAME <b>Anne Brady</b>		14. NAME OF HUSBAND OR WIFE <b>Lee Herrel</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>C.G. Herrel</b> ADDRESS <b>Minneapolis Minn.</b>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		DUE TO (b) <b>Arterio-sclerotic Cerebro-vascular disease.</b>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Severe decubitus on back &amp; hips.</b>				<b>3 3/4 X</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 July 3, 1949, to Oct. 20, 1949, that I last saw the deceased alive on Oct. 20, 1949, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. O. Schroeders M.D.</b>		23b. ADDRESS <b>Liberty, Mo.</b>		23c. DATE SIGNED <b>(Oct) 10/21/49</b>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct-22-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Memorial</b>		24d. LOCATION (City, town, or county) (State) <b>Liberty Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>Oct. 22-1949</b>		REGISTRAR'S SIGNATURE <b>Missie Haynes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>64</b> ADDRESS <b>Spencer - Archer Co. Liberty Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 31  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 11-1-49

**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 Harold R. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, 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.