

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34136

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2004 Registrar's No. 463

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY OR TOWN <u>LOPLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baxter Appx.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>619 W. 6th. 2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MILTON</u> b. (Middle) <u>LOU</u> c. (Last) <u>HERRING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-19-49</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>10-17-49</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None (Infant)</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Baxter Appx. Kansas</u>
13a. FATHER'S NAME <u>Vernon Herring</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Early</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Vernon Herring, Baxter Appx. K.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity (7m baby)</u> ANTECEDENT CAUSES <u>Born 2:03 AM 10-17-49</u> <u>Died 8:10 AM 10-19-49</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
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) _____	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 <u>10-17, 1949</u> , to <u>10-19, 1949</u> , that I last saw the deceased alive on <u>10-19, 1949</u> , and that death occurred at <u>8:10</u> a. m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. Bogan M.D.</u> (Degree or title)		23b. ADDRESS <u>Baxter Springs Kansas</u>	23c. DATE SIGNED <u>10-19-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-19-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baxter Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Baxter Appx. Kansas</u>
DATE REC'D BY LOCAL REG. <u>10-20-49</u>	REGISTRAR'S SIGNATURE <u>Ed. S. James</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>By Walter Sampson of Blosser-Schumcke Mortuary - Baxter Appx. K.</u> ADDRESS _____	

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

RECEIVED 11-1-49
Jasper County Health Office

County File Number 49-10-839

Date Filed 11-8-49

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

Rev. D. Shuman

Kans.

Licensed Embalmer No. 1998

P. O. Address *Center Spg. Kansas*

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.