

S. No. 300  
V. 10.48

FILED DEC 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40627

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Thomas</u>	
c. LENGTH OF STAY (in this place) <u>3 hours</u>		d. STREET ADDRESS (If rural, give location) <u>One mile east of town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>	b. (Middle) <u>J</u>	c. (Last) <u>Herigon</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 12 49</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED. (NEVER MARRIED) WIDOWED, DIVORCED (Specify) <u>(1)</u>	8. DATE OF BIRTH <u>JUN 10 1905</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>2</u>	IF UNDER 2 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (State or foreign country) <u>St. Thomas, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN HERIGON</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Saeckerotto</u>	14. NAME OF HUSBAND OR WIFE <u>UNMARRIED</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HUBERT HERIGON</u>	ADDRESS <u>2115 ARDENIAN JEFF. CITY, MO.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic heart disease</u>		<u>Childhood</u>
	DUE TO (c) <u>Rheumatic fever</u>		<u>Childhood</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic bronchial asthma</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 12/12, 1949 to 12/12, 1949, that I last saw the deceased alive on 12/12, 1949, and that death occurred at 8:45 PM., from the causes and on the date stated above.

23a. SIGNATURE <u>W.G. Paine M.D.</u>	(Degree or title) <u>(11)</u>	23b. ADDRESS <u>Boonville 329 main mo</u>	23c. DATE SIGNED <u>12/12/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>17/dec/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Thomas Parish Cem St. Thomas Missouri</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>Dec 15 - 1949</u>	REGISTRAR'S SIGNATURE <u>D. Hooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>LANNER BRU. 100 Year. Jeff City Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 19  
District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-22-49

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 [Signature]

Licensed Embalmer No. 3641

P. O. Address [Signature]

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.