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FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43355

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural, Marshall</b> )		c. CITY (If outside corporate limits, write RURAL and give township OR TOWN <b>Rural, Marshall township</b> )	
c. LENGTH OF STAY (in this place) <b>65 Years</b>		d. STREET ADDRESS (If rural, give location) <b>7 Miles S.W. Marshall</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7 Miles S.W. Marshall</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Benjamin</b>	b. (Middle) <b>Thomas</b>	c. (Last) <b>Herndon</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 2nd, 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 7, 1859</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>25</b>	IF UNDER 2 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Cooper County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>George C. Herndon</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Pope</b>	14. NAME OF HUSBAND OR WIFE <b>Rozetta Herndon</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs B.T. Herndon</b>	ADDRESS <b>Marshall, Mo. R # 2;</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>69</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Arterial Sclerosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Blind eyes</b>		<b>4500</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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 **Nov 10, 1949** to **Dec 2, 1949**, that I last saw the deceased alive on **Nov 28, 1949** and that death occurred at **7 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>Dr. M.D. [Signature]</b>	23b. ADDRESS <b>[Address]</b>	23c. DATE SIGNED <b>12/4/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 4, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Marshall, Mo. R # 2</b>
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DATE REC'D BY LOCAL REG. <b>Dec. 4-1949</b>	REGISTRAR'S SIGNATURE <b>Sidney T. Gray</b>	25 FUNERAL DIRECTOR'S SIGNATURE <b>385 Campbell Lewis</b>	ADDRESS <b>Marshall Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 12

District Health Officer No. 8

District File Number

Date Filed 12-20-49

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

James N Lewis

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.