

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17175

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4246 Registrar's No. 77

490

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Carl Junction</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Carl Junction, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>50 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>306 N. Ballard</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>306 N. Ballard</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>306 N. Ballard</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u> b. (Middle) <u>Herd</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>5 9 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8-20-1864</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Dixon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Pat Herd, Deceased</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>Martha Gibson, Dau.</u>	ADDRESS <u>Carl Jct., 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Apr 16 to May 9</u> <u>2 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>Carl Junction Jasper Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Apr 23, 1950 to May 9, 1950 that I last saw the deceased alive on May 9, 1950, and that death occurred at 1045 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>P. L. Alberty, M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>Carl Junction Mo</u>	23c. DATE SIGNED <u>May 10 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-11-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osark Memorial Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 10-50</u>	REGISTRAR'S SIGNATURE <u>P. L. Alberty</u>	FUNERAL DIRECTOR'S SIGNATURE _____	ADDRESS <u>Carl Junction, Mo.</u>
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RECEIVED 5-16-50

Jasper County Health Office

County File Number 50-4-405

Date Filed 5-16-50

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 Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.