

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29560

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 367

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>N. Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>(Rural) Sikeston, Mo.</u> <u>0720</u>	
d. TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Brandon Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. # 3 Sikeston, Missouri.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>(E)</u>		c. (Last) <u>Herrington</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 9, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>January 23, 1931</u> <u>19</u>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (State or foreign country) <u>Oregon, County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Ted Herrington</u>		13b. MOTHER'S MAIDEN NAME <u>Opal Brown</u>		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME <u>Ted Herrington</u>	
				ADDRESS <u>Rt. # 3 Sikeston Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tetanus</u>		TETANUS		<u>9 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>88234</u>	
		DUE TO (b) <u>Head injury - Auto accident</u>		<u>32</u>	
		<u>seven days previous</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 type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		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? <u>ROR</u>	
---	--	--	--	--	--

22. I hereby certify that I attended the deceased from 1:10 P.M. 19/9 to 3:55 P.M. 19 Sept 9 1950 and that death occurred at 3:55 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. H. Johnson</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>9-16-50</u>	
---	--	-------------------------------	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/17/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sikeston, N. Madrid, Mo.</u>	
--	--	-----------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>Sept 18 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		438		25. FUNERAL DIRECTOR'S SIGNATURE <u>Taylor Funeral Home, Sikeston, Mo</u>		ADDRESS	
---	--	--	--	-----	--	--	--	---------	--

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

RECEIVED

SEP 26 1957  
BUTLER CO. HEALTH CENTER

FILE No. 950-882

---

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 \_\_\_\_\_

Licensed Embalmer No. 4695

P. O. Address Lifetown, Pa.

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.