

FILED OCT 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 34338

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 330	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>			
b. CITY OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>40 yr</u>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Sedalia</u>		d. STREET ADDRESS (If rural, give location) <u>509 N. Lamine</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>509 N. Lamine</u>							
3. NAME OF DECEASED a. (First) <u>David</u> (Type or Print)			b. (Middle) <u>Herndon</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>10-17-1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>10-3-1878</u>	9. AGE (In years last birthday) <u>72</u>		10. 11. 12. <u>72</u> <u>Months</u> <u>Days</u> <u>Hours</u> <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo Pacific Shops</u>		11. BIRTHPLACE (State or foreign country) <u>Howard Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Smith Herndon</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		NAME OF HUSBAND OR WIFE <u>Julia Herndon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>702-09-94</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Julia Herndon</u> ADDRESS <u>Sedalia Mo</u>			
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>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 Wk</u> <u>Survived</u> <u>4 yr</u> <u>4343</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) (Min.)		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>Oct 12</u> , 19 <u>50</u> , to <u>Oct 17</u> , 19 <u>50</u> ; that I last saw the deceased alive on <u>Oct 17</u> , 19 <u>50</u> , and that death occurred at <u>7: P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. G. Campbell M.D.</u>				23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>10-20-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-21-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Glennwood</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Pettis Mo</u>	
DATE REC'D BY LOCAL REG <u>10-20-1950</u>		REGISTRAR'S SIGNATURE <u>A. G. Campbell M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. D. Ferguson</u> ADDRESS <u>Sedalia Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10/23/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 10/23/50

10/23/50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.