

FILED NOV 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35997

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6272 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <i>Worth</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i> b. COUNTY <i>Worth</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - Allen Twp</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - Allen Twp</i>	
c. LENGTH OF STAY (in this place) <i>25 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>2 mi - north west of Denver Mo</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <i>HARRY</i> b. (Middle) <i>CLEO</i> c. (Last) <i>HERN</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 4 1950</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>May 26 - 1902</i>
9. AGE (In years last birthday) <i>48</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <i>Worth Co - MO</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Harry Hern</i>		13b. MOTHER'S MAIDEN NAME <i>Amelia Jane Thompson</i>	
14. NAME OF HUSBAND OR WIFE <i>Essie Hern</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	
16. SOCIAL SECURITY NO. <i>488-14-6264</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Essie Hern</i> ADDRESS <i>Grant City MO</i>	
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Ischemic Stenobage</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i> 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)	
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?		22. I hereby certify that I attended the deceased from <i>Oct 4</i> , 1950, to <i>Oct 4</i> , 1950, that I last saw the deceased alive on <i>Oct 4</i> , 1950, and that death occurred at <i>7:15 am.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>Charles N Williamson Do</i> (Degree or title)		23b. ADDRESS <i>Keuty MO</i>	
23c. DATE SIGNED <i>Oct 27-50</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>Oct 7 - 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Grant City</i>	
24d. LOCATION (City, town, or county) (State) <i>Grant City MO</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>R.A. Brown</i> ADDRESS	
DATE REC'D BY LOCAL REG. <i>Nov. 3 - 1950</i>		REGISTRAR'S SIGNATURE <i>Rota E. Lawrence</i> 345	

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

Denver MO



OCT 29 1951

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. 2947

P. O. Address Strom, Md

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.