

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37719

BIRTH NO. _____ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 4313 Registrar's No. 14

0610

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

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MISSOURI b. COUNTY MACON	
b. CITY OR TOWN Elmer		c. CITY OR TOWN Elmer	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

0619

3. NAME OF DECEASED (Type or Print)	a. (First) Henrietta	b. (Middle)	c. (Last) Herrin	4. DATE OF DEATH (Month) (Day) (Year)	November 8 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 4 1886	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 3 Days 4	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Elliott	13b. MOTHER'S MAIDEN NAME Sarah Herrin	14. NAME OF HUSBAND OR WIFE D.T. Herrin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME D.T. Herrin ADDRESS Elmer Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

331X

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)
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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 **Oct 1, 1950**, to **Nov 8, 1950**, that I last saw the deceased alive on **Nov 8, 1950**, and that death occurred at **9 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold S. Lohr, D.O.	23b. ADDRESS Elmer Mo.	23c. DATE SIGNED Nov 9 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/11/1950	24c. NAME OF CEMETERY OR CREMATORY Elmer	24d. LOCATION (City, town, or county) (State) Elmer Macon Mo
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DATE REC'D BY LOCAL REG. 11/25/50	REGISTRAR'S SIGNATURE Daphne Hovert	25. FUNERAL DIRECTOR'S SIGNATURE H. McCallum ADDRESS South Gifford Mo
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-28-00
MACON COUNTY HEALTH DEPARTMENT
County File No. 11-50-216
Date Filed 11-20-00

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 W. H. McCallum

Licensed Embalmer No. 2052

P. O. Address South Gifford Va

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.