

FILED JAN 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39820**

BIRTH NO. _____ REG. DIST. NO. **37** PRIMARY REG. DIST. NO. **4049** Registrar's No. **63**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) Centralia		c. CITY (If outside corporate limits, write RURAL and give township) Centralia, Mo.	
c. LENGTH OF STAY (In this place) 3 yrs.		d. STREET ADDRESS (If rural, give location) Central Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Central Street			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) B. c. (Last) Herron			4. DATE OF DEATH (Month) (Day) (Year) Dec. 29-1950		
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5. SEX Male	6. COLOR OF RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April - 30 - 1865	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Days 7	IF UNDER 24 HRS. Hours 29	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmed		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Hope, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Frank Herron		13b. MOTHER'S MAIDEN NAME Not known		14. NAME OF HUSBAND OR WIFE Lillie Herron			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillie Herron; Centralia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 10 yrs					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
		DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 1200	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Saphenous v. thrombosis				INTERVAL BETWEEN ONSET AND DEATH 3 days	

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

22. I hereby certify that I attended the deceased from **Oct 1**, 1950, to **Dec. 29**, 1950, that I last saw the deceased alive on **Dec. 29**, 1950, and that death occurred at **10:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. J. Edmondson M.D.		23b. ADDRESS Centralia, Mo.		23c. DATE SIGNED Dec. 30, 50	
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-31-1950		24c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery		24d. LOCATION (City, town, or county) (State) Centralia, Missouri	
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DATE REC'D BY LOCAL REG. Dec 30-1950		REGISTRAR'S SIGNATURE Maud McBride		30		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Ballou; Centralia, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED / 2.5.1

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed / 2.5.1

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Paul G. Baller*.....
Licensed Embalmer No. *4206*
P. O. Address *Centralia, 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.