

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 29 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 397 PRIMARY REG. DIST. NO. 4276 Registrar's No. 36

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

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| 1. PLACE OF DEATH a. COUNTY <u>Lawrence</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Pierce City Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Pierce City Mo.</u> <u>0557</u> | |
| c. LENGTH OF STAY (in this place) <u>26 years</u> | | d. STREET ADDRESS (If rural, give location) <u>405 Pine Ave.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>405 Pine Ave.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Jacob</u> | b. (Middle) <u>John</u> | c. (Last) <u>Herrmann</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan.</u> <u>17,</u> <u>1951</u> |
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| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>Wh.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u> | 8. DATE OF BIRTH <u>Oct. 22, 1866</u> | 9. AGE (In years last birthday) (If under 1 year, give Months) (If under 12 months, give Days) (If under 24 hours, give Hours) (If under 60 minutes, give Min.) <u>84</u> <u>2</u> <u>25</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Harness maker</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>France</u> <u>5</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Not known</u> | 13b. MOTHER'S MAIDEN NAME <u>Not known</u> | 14. NAME OF HUSBAND OR WIFE <u>Elizebeth Herrmann</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Carl H. Herrmann</u> | ADDRESS <u>Hampshire Ill.</u> |
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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 | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral pneumonia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 491X | |

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| 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 Jan 13, 1951, to Jan 17, 1951, that I last saw the deceased alive on Jan 17, 1951; and that death occurred at 10:00 m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Charles S. Moore</u> (Degree or title) | 23b. ADDRESS <u>Pierce City Mo</u> | 23c. DATE SIGNED <u>Jan 17/51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan. 20, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Pierce City cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Pierce City Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Jan 20 51</u> | REGISTRAR'S SIGNATURE <u>John P. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilke Bros.</u> | ADDRESS <u>Pierce City Mo.</u> |
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 23 1951

Dist. File 151-209

Date Filed 1-23-1951

MAR 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, Edwin P. Wilks

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed Edwin P. Wilks

Licensed Embalmer No. 4131

P. O. Address Pierce City, 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.