

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3598

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 5

180
2

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Edwards</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Edwards</u> 0201	
c. LENGTH OF STAY (in this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			

3. NAME OF DECEASED a. (First) <u>Edwin</u> b. (Middle) <u>a.</u> c. (Last) <u>Hernance</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 21-1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct. 7-1895</u>			9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Lala Virginia Hernance</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital records, Nevada Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Bronchial pneumonia</u>		ANTECEDENT CAUSES				4222	
		DUE TO (b) <u>Chronic degenerative disease</u>		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____		Conditions contributing to the death but not related to the disease or condition causing death <u>Senility</u>					

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 Jan 12, 1951, to Jan 21, 1951, that I last saw the deceased alive on Jan 21, 1951, and that death occurred at 2:35 p.m. on the date stated above.

23a. SIGNATURE <u>George M. Boteler, M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hospital #3</u> <u>Nevada Mo.</u>		23c. DATE SIGNED <u>1/21/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 23, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edwards Burial Cemetery, Edwards, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>1-24-1951</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> 457		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lewis Brothers, Edwards, Mo.</u>	
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

NOV 27 1957

RECEIVED JAN 29 1957

Dist. File 151-239

Date Filed 1-29-57

NOV 19 1957

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

Max W. Beckering

Licensed Embalmer No. 4676

P. O. Address Springfield

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.