

FILED MAR 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. _____

7694

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 78

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|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Callaway</u> | |
| b. CITY OR TOWN <u>Fulton</u> | | c. CITY OR TOWN <u>Fulton</u> <u>0148</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Private Home</u> | | d. STREET ADDRESS (If rural, give location) <u>704 Grand Ave</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>OTIS</u> b. (Middle) <u>PAUL</u> c. (Last) <u>Herring</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3 16 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>MAY 12, 1899</u> |
| 9. AGE (In years last birthday) <u>51</u> | | IF UNDER 1 YEAR Months <u>10</u> Days <u>4</u> | IF UNDER 2 HRS. Hours <u>4</u> Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>AUTO MECHANIC</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>W.T. Herring</u> | | 13b. MOTHER'S MAIDEN NAME <u>anna meloy</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>mabel Herring</u> | | | |
| 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>D.K.</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>ms. otis Herring</u> | | ADDRESS <u>Fulton, Mo.</u> | |
| 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. | | <p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Spastic coronary artery disease of heart</u> ANTECEDENT CAUSES <u>7 don't know other than other attacks</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Gastric inflammation & indigestion</u> | |
| 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 <u>2/11</u> , 19 <u>51</u> , to <u>3-16</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-15</u> , 19 <u>51</u> , and that death occurred at <u>12:00 a.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>W.O. Payne</u> (Degree or title) _____ | | 23b. ADDRESS <u>RD 6 Fulton Mo</u> | |
| 23c. DATE SIGNED <u>3-16-51</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3/18/1951</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u> | | 24d. LOCATION (City, town, or county) (State) <u>Callaway Co. Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Mar. 17-1951</u> | | REGISTRAR'S SIGNATURE <u>426</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Margiea Funeral Home</u> | | ADDRESS <u>Fulton, Mo.</u> | |

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

0148

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 19 1951

RECEIVED

FEB 19 1958

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 Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.