

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11980**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **100**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY OR TOWN Jefferson City Mo.	c. LENGTH OF STAY (In this place) 5 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City 0264	
d. FULL NAME OF HOSPITAL OR INSTITUTION Still Osteopathic Hospital		d. STREET ADDRESS (If rural, give location) 212 E. Archison St.	

3. NAME OF DECEASED (Type or Print) Hubert	a. (First)	b. (Middle)	c. (Last) Herigon	4. DATE OF DEATH (Month) (Day) (Year) April 14 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 28 1901	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 6 Days 11	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber	10b. KIND OF BUSINESS OR INDUSTRY Barber	11. BIRTHPLACE (State or foreign country) St Thomas Mo	12. CITIZEN OF WHAT COUNTRY? America
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13a. FATHER'S NAME John Herigon	13b. MOTHER'S MAIDEN NAME Annie Luckenotte	14. NAME OF HUSBAND OR WIFE Hilda Herigon
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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 Harold Herigon ADDRESS: 2127 Archison
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH April 10th to April 14th
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion with Posterior Infarction	DUE TO (b) _____	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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 **Mar 19th 1951**, to **April 14th 1951**, that I last saw the deceased alive on **April 14th 1951**, and that death occurred at **11:03 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Earl Macauley D.O. (Degree or title)	23b. ADDRESS 303 W. McCarty St. Jefferson City Mo	23c. DATE SIGNED 4-15-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Resurrection	24b. DATE April 17 1951	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) Jefferson City Mo.
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DATE REC'D BY LOCAL REG. April 17-1951	REGISTRAR'S SIGNATURE R.P. Harris M.D. & M.R.	25. FUNERAL DIRECTOR'S SIGNATURE James Stone - 70 Jefferson ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5264
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RECEIVED 4-19-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 4-19-51 _____

JUL 5 1961

APR 17 1960

JUL 5 1961

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 *J. H. Anderson* _____

Licensed Embalmer No. 3641 _____

P. O. Address Juno _____

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.