

FILED SEP 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30048**

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 123

402

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

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, write RURAL and give township) TRENTON		c. CITY (If outside corporate limits, write RURAL and give township) TRENTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION 206 De Bolt Street		d. STREET ADDRESS (If rural, give location) 206 DeBolt Street	

0402

3. NAME OF DECEASED (Type or Print) ELLA	a. (First)	b. (Middle)	c. (Last) HERNDON	4. DATE OF DEATH SEPT. 4, 1951
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 8, 1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 26	IF UNDER 24 HRS. Hours 	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) NODAWAY COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME JOHN MC KEE	13b. MOTHER'S MAIDEN NAME CHRISTENA WALTERS	14. NAME OF HUSBAND OR WIFE GEORGE HERNDON
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MR GEORGE HERNDON TRENTON, MO.	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4207			

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 (a.s., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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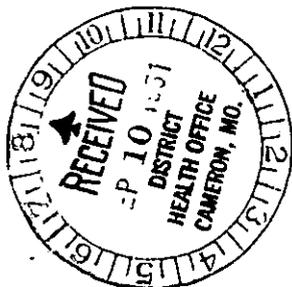
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from SEPT. 3, 1951, to SEPT. 4, 1951, that I last saw the deceased alive on SEPT. 4, 1951, and that death occurred at 7:40A., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph M. Quisick</u>	(Degree or title) MD	23b. ADDRESS 1101 1/2 MAIN ST. TRENTON, MO.	23c. DATE SIGNED 4 SEPT. 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/6/51	24c. NAME OF CEMETERY OR CREMATORY PARNELL CEMETERY	24d. LOCATION (City, town, or county) (State) PARNELL, MISSOURI
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DATE REC'D BY LOCAL REG. 9/6/51	REGISTRAR'S SIGNATURE <u>James Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles D. Lupton</u>	ADDRESS TRENTON, MO.
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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

Charles D. Sycamore

Licensed Embalmer No. 3109

P. O. Address TRENTON, 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.