

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 8 1951

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 461

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| 1. PLACE OF DEATH a. COUNTY BUTLER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PERRY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PERRYVILLE, Rural 0991 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION VA HOSPITAL | | d. STREET ADDRESS (If rural, give location) RURAL ROUTE #2 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) HENRY | b. (Middle) | c. (Last) HEROLD | 4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 30, 1951 |
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|---------------|------------------------|--|-------------------------|------------------------------------|-------------------------|-----------------------|-----------------------|
| 5. SEX MALE 0 | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH 8-4-93 | 9. AGE (In years last birthday) 58 | 10. UNDER 1 YEAR Months | 11. UNDER 1 HR. Hours | 12. UNDER 1 MIN. Min. |
|---------------|------------------------|--|-------------------------|------------------------------------|-------------------------|-----------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | 10b. KIND OF BUSINESS OR INDUSTRY FARMING | 11. BIRTHPLACE (State or foreign country) MISSOURI | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME JOHN HEROLD | 13b. MOTHER'S MAIDEN NAME JOSIE LIVELY | 14. NAME OF HUSBAND OR WIFE MARY HEROLD |
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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) YES 5/1/18 5/27/19 | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS | ADDRESS |
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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 |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Carcinoma of the head of the $\theta\theta$ | ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) pancreas, extending to the liver rise to the above cause (a) stating the underlying cause last. | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m. | 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 10/5/1951, to 10/30, 1951, and that death occurred at 9:45A m., from the causes and on the date stated above.

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| 23a. SIGNATURE C. E. FILDES, M. D. Chief of Service (Degree or title) | 23b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO. | 23c. DATE SIGNED 10-30-51 |
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|---|--------------------|--------------------------------|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 10-30-51 | 24c. NAME OF CEMETERY Mt. Hope | 24d. LOCATION (City, town, or county) (State) Perryville, Mo. |
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| DATE REC'D BY LOCAL REG. Nov. 1 1951 | REGISTRAR'S SIGNATURE Wm. H. Johnson 428 | 25. FUNERAL DIRECTOR'S SIGNATURE Albert Bey, Perryville, Mo. | ADDRESS |
|--------------------------------------|--|--|---------|

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

124

RECEIVED

NOV 6 1951

BUTLER CO. HEALTH CENTER

FILE No. 1151-497

NOV 12 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, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Albert B. Bay

Signed.....
Student Embalmer

Licensed Embalmer No. 3866

P. O. Address Ferrysville, 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.