

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36353

State File No. ....

FILED DEC 4 1951

|  |  |  |  |   |  |   |  |   |  |
|--|--|--|--|---|--|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>38</u>   |  | PRIMARY REG. DIST. NO. <u>3006</u>  |  | Registrar's No. <u>304</u>  |  |   |  |
| 1. PLACE OF DEATH <u>University Hosp.</u><br>a. COUNTY <u>Boone</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u><br>b. COUNTY, <u>Boone</u>   |  |   |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Columbia</u>   |  | c. LENGTH OF STAY (In this place)  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>  |  | d. STREET ADDRESS (If rural, give location) <u>814 N 7th</u>                        |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Novos Hospital</u>  |  |  |  | 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Clayton</u><br>b. (Middle) _____<br>c. (Last) <u>Hern</u>  |  |   |  |   |  |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>11 25 51</u>  |  | 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>               |  |   |  |
| 8. DATE OF BIRTH <u>April 7 1865</u>   |  | 9. AGE (In years last birthday) <u>86</u>  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>                                    |  |   |  |
| 11. BIRTHPLACE (State or foreign country) <u>Howard Co. Mo</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  | 13a. FATHER'S NAME <u>John Hern</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Meade</u>                                    |  |   |  |
| 14. NAME OF HUSBAND OR WIFE <u>Minnie Southerland</u>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>                            |  | 16. SOCIAL SECURITY NO. <u>none</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Charlie Holland</u> ADDRESS <u>Columbia Mo</u> |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.   |  |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cardio-vascular renal disease</u><br>DUE TO (c) <u>essential hypertension</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral hemorrhage</u> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 months</u><br><br><u>3 weeks</u> |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION <u>4.4.2X</u>   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>9 year</u> , 19 <u>51</u> , to <u>25 Nov</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov 25</u> , 19 <u>51</u> , and that death occurred at <u>11 P.m.</u> , from the causes and on the date stated above. |  |  |  |   |  |   |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>Charles A. Leech M.D.</u>  |  |  |  | 23b. ADDRESS <u>Columbia, Mo</u>  |  | 23c. DATE SIGNED <u>Nov 25, 1951</u>  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>   |  | 24b. DATE <u>Nov. 27 1951</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Big Springs Cem.</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Howard Co Mo</u>                   |  |   |  |
| DATE REC'D BY LOCAL REG. <u>Nov 26 1951</u>  |  | REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>N.L. Hall</u> ADDRESS <u>New Bremen Mo</u>  |  |   |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

105

No. 300  
10. 49

DEC 3 1951

RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed DEC 3 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

*R. G. Hall*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address New Franklin

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.