

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40855

State File No.

FILED JAN 8 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 368

1. PLACE OF DEATH a. COUNTY <u>Callaway</u> <u>0143</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McCredie</u> <u>0140</u>	
c. LENGTH OF STAY (In this place) <u>15 Hrs</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D.# 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mollie</u>	b. (Middle) <u>Edwin</u>	c. (Last) <u>Herndon</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30 1951</u>
-------------------------------------	--------------------------	--------------------------	--------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July, 17, 1863</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>13</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	--	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>McCredie, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>Samuel A. Trimble</u>	13b. MOTHER'S MAIDEN NAME <u>Marjorie Ann West</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Z. Herndon</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give nos. or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. A. Harrison, St. Joseph, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pneumonia</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Had bedridden for 40 days</u> <u>5 yrs. due to apoplexy</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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>492X</u>

22. I hereby certify that I attended the deceased from Dec 28, 1951, to Dec 30, 1951, that I last saw the deceased alive on Dec 29, 1951, and that death occurred at 9 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Name or title)	23b. ADDRESS <u>Fulton Mo.</u>	23c. DATE SIGNED <u>Jan 2 1952</u>
---	--------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 1, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Richland Christian</u>	24d. LOCATION (City, town, or county) (State) <u>Rural Fulton, Mo</u>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Jan 1-1952</u>	REGISTRAR'S SIGNATURE <u>Maritta Lawrence</u> <u>426</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hallock Funeral Home Fulton Mo</u>
--	--	--

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

MAY 28 1957

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, Md

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.