

0190

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40941

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4098 Registrar's No. 158

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Cass | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belton | c. LENGTH OF STAY (In this place) life | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belton | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 401 Commercial | | d. STREET ADDRESS (If rural, give location) 401 Commercial | |

| | | | | | |
|---|------------------------|--|---|---|------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Abraham b. (Middle) Mayer c. (Last) Herr | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 18, '51 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH March 26, 1870 | | 9. AGE (In years last birthday) 81 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Own Farm | 11. BIRTHPLACE (State or foreign country) Lancaster, Pa. | | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME Elam Herr | | 13b. MOTHER'S MAIDEN NAME. Mary Barr | | 14. NAME OF HUSBAND OR WIFE Fannie Herr | |
| 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 ADDRESS Mrs. A. M. Herr, Belton, Missouri | | |

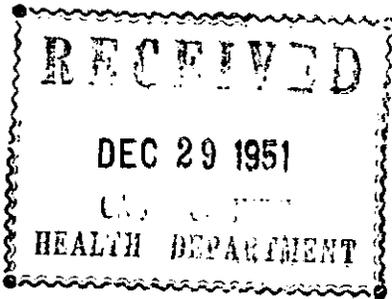
| | | | | | |
|---|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) gastric carcinoma. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH 3 Wks |
|---|--|--|--|--|--|

| | | | |
|--|--|---|--|
| 19a. DATE OF OPERATION Dec 23 '51 | 19b. MAJOR FINDINGS OF OPERATION 151X | | 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) m. |
| 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 Jan, 1951, to Dec. 18, 1951; that I last saw the deceased alive on Dec. 17, 1951, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

| | | | | |
|--|--------------------|--|--|--------------------------------|
| 23a. SIGNATURE John R. McKeel MD (Degree or title) | | 23b. ADDRESS Belton, Mo. | | 23c. DATE SIGNED Dec. 20, 1951 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12/20/51 | 24c. NAME OF CEMETERY OR CREMATORY Belton Ceme | 24d. LOCATION (City, town, or county) (State) Belton, Missouri | |

| | | | | |
|---------------------------------------|--|---|--|--|
| DATE REC'D BY LOCAL REG. Dec 23, 1951 | REGISTRAR'S SIGNATURE Nora Barward 457-0 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. K. George's Sons, Belton, Mo. | | |
|---------------------------------------|--|---|--|--|



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.....
Student Embalmer

Signed A. K. George

Licensed Embalmer No. 3045

P. O. Address Grandview, 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.