

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9480**  
**82**

FILED APR 15 1952

BIRTH NO. _____		REG. DIST. NO. <b>294</b>		PRIMARY REG. DIST. NO. <b>3056</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>			
b. CITY OR TOWN <b>Moberly</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>		d. STREET ADDRESS (If rural, give location) <b>402 Wisdom</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>402 Wisdom</b>				d. STREET ADDRESS <b>402 Wisdom</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Porter</b>			b. (Middle) _____		c. (Last) <b>Herron</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 7 - 1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 26 - 1882</b>		9. AGE (In years last birthday) <b>69</b>	10. UNDER 1 YEAR Months <b>4</b> Days <b>11</b>	11. UNDER 18 yrs. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rtd</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Luther Herron</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Skinner</b>		14. NAME OF HUSBAND OR WIFE <b>Opal</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Opal Herron, Moberly Mo</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremic Poison</b> (Uremia)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>chr. asthma &amp; Bronchitis</b> DUE TO (c) <b>chr. Bright's Disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>  <b>DK</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>				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. HOW DID INJURY OCCUR	
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 <b>10/20, 1951</b> , to <b>April 6, 1952</b> , that I last saw the deceased alive on <b>April 6, 1952</b> , and that death occurred at <b>5:45 am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W. Dreyer M.D.</b>				23b. ADDRESS <b>Huntsville Mo</b>		23c. DATE SIGNED <b>4/8/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-9-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Huntsville</b>		24d. LOCATION (City, town, or county) (State) <b>Huntsville Mo</b>		
DATE REC'D BY LOCAL REG. <b>4-9-52</b>		REGISTRAR'S SIGNATURE <b>Seah Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mahan and Son, Moberly Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Frank D. De Witt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.