No. 300
10.48

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

FILED APR 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12053

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 399

117
0

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 901 Charles

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle):
c. (Last): Herpel

4. DATE OF DEATH (Month) (Day) (Year): April 9, 1952

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 2

8. DATE OF BIRTH: March 8, 1888

9. AGE (In years last birthday): 64 | If under 1 year: Months: | Days: | If under 24 hrs.: Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ret. commission man

10b. KIND OF BUSINESS OR INDUSTRY: livestock industry

11. BIRTHPLACE (State or foreign country): St. Joseph, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frank Herpel

13b. MOTHER'S MAIDEN NAME: Louise Englehart

14. NAME OF HUSBAND OR WIFE: Ethel Herpel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ——— ———

16. SOCIAL SECURITY NO.: unk.

17. INFORMANT'S SIGNATURE OR NAME: Harold Herpel
ADDRESS: Easton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cardio-Vascular — INTERVAL BETWEEN ONSET AND DEATH: 3 years (est)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Degenerative Disease — 3 years (est)
DUE TO (c) Chronic Bronchial Asthma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Man Collapsed while on the street and was dead on arrival at the hospital

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 4221

22. *I hereby certify that I ~~attended~~ viewed the deceased from* On 4/10, 1952 to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: H F Mundy M.D. (Coroner) (Degree or title)

23b. ADDRESS: St. Joseph Mo.

23c. DATE SIGNED: 4/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 4/12/1952

24c. NAME OF CEMETERY OR CREMATORY: Belmont Cemetery

24d. LOCATION (City, town, or county) (State): Wathena Kansas

DATE REC'D BY LOCAL REG.: April 16, 1952

REGISTRAR'S SIGNATURE: Carl C. Cash 446

25. FUNERAL DIRECTOR'S SIGNATURE: Heaton-Bowman Funeral Home
ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 William Spalding

Licensed Embalmer No. 4535

P. O. Address 319 S 10th, St Joseph 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.