

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13427

State File No.

No. 300-
10.48

MAY 5 - 1952

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4238 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Knox	
b. CITY OR TOWN Edina		c. CITY OR TOWN Edina 0520	
c. LENGTH OF STAY (in this place) 5 yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Herget Residence			

3. NAME OF DECEASED (Type or Print)	a. (First) Elma	b. (Middle) Grace	c. (Last) Herget	4. DATE OF DEATH (Month) (Day) (Year) April-25-1952
-------------------------------------	------------------------	--------------------------	-------------------------	--

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb-11-1881	9. AGE (in years last birthday) 71 years	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
-----------------	---------------------------	---	-------------------------------------	---	--

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

13a. FATHER'S NAME Fred Hardy	13b. MOTHER'S MAIDEN NAME Anna Rumbaugh	14. NAME OF HUSBAND OR WIFE Earl Herget
--------------------------------------	--	--

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. None	17. INFORMANT'S SIGNATURE OR NAME Earl Herget	ADDRESS Edina, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carcinoma of lung		INTERVAL BETWEEN ONSET AND DEATH 6 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 163x	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) (Min.)	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 Oct. 1951, to Apr 25 1952 that I last saw the deceased alive on Apr 25, 1952, and that death occurred at 8:30 p m., from the causes and on the date stated above.

23a. SIGNATURE Desmetius SO (Degree or title)	23b. ADDRESS Edina, Mo.	23c. DATE SIGNED 4/26/52
--	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April-27-1952	24c. NAME OF CEMETERY OR CREMATORY Linville	24d. LOCATION (City, town, or county) (State) Edina, Missouri
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. Apr-28-1952	REGISTRAR'S SIGNATURE Neil S. Hunter 151	25. FUNERAL DIRECTOR'S SIGNATURE Keith Hudson	ADDRESS Edina Mo
---	--	--	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

1520
1

MAY 6 1952

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Miss

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.