

FILED MAY 14 1952

STANDARD CERTIFICATE OF DEATH

 State File No. **15319**

 BIRTH NO. _____ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6176** Registrar's No. **178**

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural - Currant typ		c. LENGTH OF STAY (in this place) years	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural - Currant typ		d. STREET ADDRESS (If rural, give location) near Midridge	
d. FULL NAME OF HOSPITAL OR INSTITUTION XX		e. DATE OF DEATH (Month) (Day) (Year) May 1 1952	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) H. c. (Last) Herren		4. DATE OF DEATH (Month) (Day) (Year) May 1 1952	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7/11/72
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	11. BIRTHPLACE (State or foreign country) Shannon Co Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY X	12. CITIZEN OF WHAT COUNTRY? Mo
13a. FATHER'S NAME John Herren		13b. MOTHER'S MAIDEN NAME Mary Herren	
13c. MOTHER'S MAIDEN NAME Mary Herren		14. NAME OF HUSBAND OR WIFE Racie Bunch Herren	
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. X	
17. INFORMANT'S SIGNATURE OR NAME Racie Herren		ADDRESS Midridge Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Hydronephrosis due to Cancer of Prostate gland	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 177X	
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)		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 9-29-51, to May 1, 1952, that I last saw the deceased alive on May 1, 1952, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Joseph P. Burnett D.O.		23b. ADDRESS Salem, Missouri	
23c. DATE SIGNED 5-5-52		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE May 3 1952		24c. NAME OF CEMETERY OR CREMATORY Knuckles Cemetery	
24d. LOCATION (City, town, or county) (State) Midridge Mo.		25. FUNERAL DIRECTOR'S SIGNATURE John Mo	
DATE REC'D BY LOCAL REG. 5-10-52		REGISTRAR'S SIGNATURE Michael P. Green	

(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

Carl K. Spencer

Licensed Embalmer No. *3370*

P. O. Address *Salem, Ma*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.