

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 19 1952

BIRTH NO. ... REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 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>Rand.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1031 N. Morley Street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Lawrence</b>	b. (Middle) <b>Dinwiddie</b>	c. (Last) <b>Hern</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5/8/52</b>
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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>6/23/1879</b>	9. AGE (In years last birthday) <b>72</b>	10 UNDER 1 YEAR Months	1 YEAR Days	10 HOURS	15 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Businessman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery</b>	11. BIRTHPLACE (State or foreign country) <b>Howard County Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Marion Hern</b>	13b. MOTHER'S MAIDEN NAME <b>Narcissus Moberly</b>	14. NAME OF HUSBAND OR WIFE <b>Dora Lee Hern</b>
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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 <b>William Hern</b> ADDRESS <b>Moberly Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis with Infarct.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Apr 30/52</b> <b>3</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <b>Coronary sclerosis</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <b>no</b>	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>no</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Apr 18 1952** to **May 8 1952**, that I last saw the deceased alive on **May 8 1952**, and that death occurred at **8:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. E. Huber MD</b> (Name or title)	23b. ADDRESS <b>Moberly Mo</b>	23c. DATE SIGNED <b>5/9/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/11/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Mem Gardens</b>	24d. LOCATION (City, town, or county) (State) <b>Moberly, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>5/11/52</b>	REGISTRAR'S SIGNATURE <b>Earl Williams</b>	GENERAL DIRECTOR'S SIGNATURE <b>William</b> ADDRESS <b>Moberly, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300  
V. 10.48

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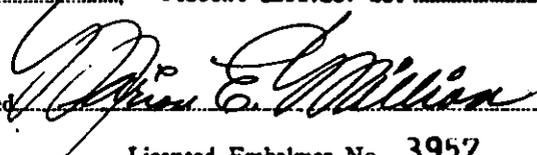
**STATEMENT BY LICENSED EMBALMER**

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  \_\_\_\_\_

Licensed Embalmer No. 3957

P. O. Address Moherly, Missouri

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.