

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

 Dr. Feller  
 State File No. 20112

396  
4

MAILED JUL 14 1952

BIRTH-NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 668

|   |  |   |  |   |   |
|---|--|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>GREENE</b>  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b> 0391 |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>   |  | c. LENGTH OF STAY (in this place)   | c. CITY (If outside corporate limits, write RURAL and give township) <b>SPRINGFIELD</b> 0  |   | d. STREET ADDRESS (If rural, give location) <b>917 N. Fremont</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Harmony Rest Home</b>  |  |   |  |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>WILLIAM</b>  |  |   | b. (Middle) <b>B.</b>  | c. (Last) <b>HERNDON</b>                    | 4. DATE OF DEATH (Month) (Day) (Year) <b>July 7, 1952</b>         |
| 5. SEX <b>Male</b> 0  | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> 2       | 8. DATE OF BIRTH <b>May 16, 1870</b>   | 9. AGE (In years last birthday) <b>82</b>   | IF UNDER 1 YEAR Months Days                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Railroadman</b>   | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and State, or Foreign Country) <b>Springfield, Mo.</b> 0 |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |   |
| 13a. FATHER'S NAME <b>Will Herndon</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>? Peacher</b>                                    |  | 14. NAME OF HUSBAND OR WIFE <b>Deceased</b> |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>   |  | 16. SOCIAL SECURITY NO. <b>?</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Beverly Herndon Sr., 1059 S. Weaver</b>   |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                 | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>@ carcinoma of prostate</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b> |   |  |   | INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>                    |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   | 1777  |
| 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 <u>7-6-1952</u> to <u>7-7-1952</u> , that I last saw the deceased alive on <u>7-7-1952</u> and that death occurred at <u>10:40a.m.</u> , from the causes and on the date stated above. |  |   |  |   |   |
| 23a. SIGNATURE (Degree or title) <b>C. E. Feller M.D.</b> 0   |  |   | 23b. ADDRESS <b>608 Cherry</b>   |   | 23c. DATE SIGNED <b>7-7-52</b>                                    |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> 0   | 24b. DATE <b>10-JULY-52</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Maple Park</b>                          | 24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>  |   |   |
| DATE REC'D BY LOCAL REG. <b>7-10-52</b>   | REGISTRAR'S SIGNATURE <b>[Signature]</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Herman H. Lohmeyer, Springfield</b>  |   |   |

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 Levin S. Shubley

Licensed Embalmer No. 4875

P. O. Address Springfield

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.