

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35881

State File No. ....

160 - 5 - 8  
OCT 22 1952

REG. DIST. NO. 274

PRIMARY REG. DIST. NO. 3052

Registrar's No. 320

0804

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>1419 So. Vermont</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>419 So. Vermont</u>			

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3. NAME OF DECEASED (Type or Print) a. (First) <u>CAROLINE</u> b. (Middle) <u>Theresa</u> c. (Last) <u>HERRMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 11 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Sept 1 - 1870</u>		9. AGE (In years last birthday) <u>82</u>		If under 1 year: Months <u>1</u> Days <u>10</u> If under 6 mos. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Herrmann Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>					

13a. FATHER'S NAME <u>Carl Weiser</u>		13b. MOTHER'S MAIDEN NAME <u>Richarda Hatt</u>		14. NAME OF HUSBAND OR WIFE <u>Herman H. Herrmann</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Herrmann</u> ADDRESS <u>Sedalia</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral apoplexy</u>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANCECEDENT CAUSES (b) <u>arterio sclerosis</u>			
		DUE TO (c) <u>Chronic Myocarditis</u>			
		11. 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>M</u>		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)		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 10/8, 1952, to 10/16, 52, that I last saw the deceased alive on 10/5, 1952, and that death occurred at 10 yr., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Beckmann</u>		23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>10/17/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-14-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>	
				24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	

DATE REC'D BY LOCAL REG. <u>10-14-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u> ADDRESS <u>Sedalia</u>	
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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 \_\_\_\_\_

*James R. Asbren*

Student Embalmer No. *477*

working under my personal supervision.

Student *James R. Asbren*  
Student Embalmer

Signed *Philip M. Laughlin*

Licensed Embalmer No. *3729*

P. O. Address *Sedalia 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.