

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED JAN 5 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1371</u>	
1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. JOSEPH</u>		c. LENGTH OF STAY (In this place) <u>84 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Forest City, Mo. (Rural)</u> <u>0440</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI METHODIST</u>				d. STREET ADDRESS (If rural, give location) <u>Lewis Township</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>ROBERT</u>		c. (Last) <u>HERR</u>		4. DATE OF DEATH (Month) <u>Dec.</u> (Day) <u>29</u> (Year) <u>1952</u>	
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Oct. 18th 1933</u>	
9. AGE (In years last birthday) <u>19</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Oregon, Mo.</u> <u>U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John C. Herr</u>			13b. MOTHER'S MAIDEN NAME <u>Alberta Fortner</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE AND NAME <u>John C. Herr</u>		ADDRESS <u>Forest City, Mo.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - Spinal &amp; Cerebral</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>	
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 <u>0803</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>Oct 1</u> , 19 <u>52</u> , to <u>Dec 29</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Dec 29</u> , 19 <u>52</u> , and that death occurred at <u>2:25</u> A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Isaac J. Suimey</u> <u>M.D.</u>				23b. ADDRESS <u>Oregon, MO</u>		23c. DATE SIGNED <u>12-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-31-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oregon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oregon, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 31, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casey</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Meierhoff &amp; Gilman Funeral Home, Inc.</u> <u>ST. JOSEPH, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_ \*\*\*\*\*

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Student Embalmer No. \_\_\_\_\_

Working under my personal supervision.

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Student .....

Student Embalmer

Signed



Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, 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.