

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 9 1953

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Audrain

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Audrain

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia c. LENGTH OF STAY (In this place) 63 yrs

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia 043

d. FULL NAME OF HOSPITAL OR INSTITUTION 311 West State d. STREET ADDRESS (If rural, give location) 311 West State

3. NAME OF DECEASED (Type or Print)
a. (First) Emma b. (Middle) B. c. (Last) Herne

4. DATE OF DEATH (Month) Feb (Day) 26 (Year) 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH June 26, 1863 9. AGE (In years last birthday) 89 IF UNDER 1 YEAR 8 Days IF UNDER 24 HRS 0 Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY Seamstress

11. BIRTHPLACE (City and State or Foreign Country) Kewanee, Illinois 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Joseph Stoot 13b. MOTHER'S MAIDEN NAME Mary Brewer 14. NAME OF HUSBAND OR WIFE Robert Herne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gene Reynolds, Vandalia, 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) Pneumonia, Myocardial

INTERVAL BETWEEN ONSET AND DEATH _____

ANTECEDENT CAUSES

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Injury

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9000 21

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Jan 3-1953 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Vandalia Audrain 004

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 3 1953 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Fell down stairs

22. I hereby certify that I attended the deceased from Jan 3, 1953, to Feb 26, 1953, that I last saw the deceased alive on 2/25, 1953, and that death occurred at 7:25 P.m., from the causes and on the date stated above. 3/2/53

23a. SIGNATURE H. H. Blaud M.D. (Degree or title) 23b. ADDRESS Vandalia Mo 23c. DATE SIGNED 2/27/53

24a. BURIAL, CREMATION, REVENAL (Specify) Burial 24b. DATE Mar 1, 1953 24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery 24d. LOCATION (City, town, or county) (State) Vandalia, Missouri

DATE REC'D BY LOCAL REG. Feb 28 1953 REGISTRAR'S SIGNATURE Mollie Fugua FUNERAL DIRECTOR'S SIGNATURE ADDRESS William B Waters Vandalia, Mo.

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

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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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.