

7  
No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13274

State File No. ....

FILED APR 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4044 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sturgeon</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clark</u>		0100			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Five miles west of Sturgeon</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u>			b. (Middle) <u>Victoria</u>		c. (Last) <u>Herndon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 19, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1-19-1884</u>		9. AGE (In years last birthday) <u>69</u> Months <u>3</u> Days <u>0</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Audrain County Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Arthur Cottle</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Huffman</u>			14. NAME OF HUSBAND OR WIFE <u>Phillip Herndon</u>			
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 ADDRESS <u>George Howard Herndon Mexico, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Laceration of brain</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Crushing injury to head</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <u>Multiple fractures</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>110 E8104 27</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUBJECT HOME/IDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>R.R. Crossing</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Burbon Sturgeon Boone Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 19 53 12:00 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Grade Crossing Auto-train collision</u>					
22. I hereby certify that I attended the deceased from <u>4/19/53, 10</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12 noon</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Henry Sweet Jr. M.D. Coroner</u>				23b. ADDRESS <u>909 University Ave Columbia Mo.</u>			23c. DATE SIGNED <u>4/23/53</u>		
24a. BURIAL/CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 21, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Central Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Central Mo.</u>			
DATE REC'D BY LOCAL REG. <u>April 25, 1953</u>		REGISTRAR'S SIGNATURE <u>Maud McBride</u>		30-5		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas. J. Nease, Central, Mo.</u>			

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

APR 29 1953

NOV 29 1956

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

*Bill J. Meador*

Licensed Embalmer No.

*4876*

P. O. Address

*Centralia, 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.