X No. 300 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13275

BIRTH NO. FILED APR 28 1953 REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4044 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sturgeon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark 0100
d. STREET ADDRESS (If rural, give location): Five miles west of Sturgeon 0

3. NAME OF DECEASED (Type or Print)
a. (First): Phillip
b. (Middle):
c. (Last): Herndon

4. DATE OF DEATH (Month) (Day) (Year): April 19, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 8-2-1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 8, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Audrain County Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Egan B. Herndon
13b. MOTHER'S MAIDEN NAME: Martha Phelps
14. NAME OF HUSBAND OR WIFE: Bertha Victoria Cottle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: George Howard Herndon — ADDRESS: Mexico, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Laceration of Brain — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Severe traumatic injury to head — "
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Multiple fractures — "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: E 8104 010 27
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): R.R. Crossing
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sturgeon, Bourbon Township, Boone, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 - 19-53 12:00 Noon
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Grade Crossing auto-train collision

22. *I hereby certify that I attended the deceased from* 4/19/53, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 12 noon *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry L Sweet JMD Coroner 3
23b. ADDRESS: 909 University Ave Columbia
23c. DATE SIGNED: 4/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Centralia Cemetery
24d. LOCATION (City, town, or county) (State): Centralia Missouri

DATE REC'D BY LOCAL REG.: April 25 - 1953
REGISTRAR'S SIGNATURE: Maud McBride 30-0
25. FUNERAL DIRECTOR'S SIGNATURE: Bill G. Meador — ADDRESS: Centralia, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 Billy 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.