

FILED MAY 6 1953

STANDARD CERTIFICATE OF DEATH

State File No. 14800

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 4254 Registrar's No. 11

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

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give town) Knob Noster		c. CITY (If outside corporate limits, write RURAL and give township) Knob Noster	
c. LENGTH OF STAY (In this place) 5 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Knob Noster (City)			

3. NAME OF DECEASED (Type or Print) a. (First) RUPERT b. (Middle) OSCAR c. (Last) HERNDON			4. DATE OF DEATH (Month) (Day) (Year) APRIL 23 1953		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 2, 1866	9. AGE (In years last birthday) 87	if UNDER 1 YEAR Months	if UNDER 24 HRS. Hours	if UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station Agent	10b. KIND OF BUSINESS OR INDUSTRY MKT Rail road	11. BIRTHPLACE (State or foreign country) Florida, Missouri	12. CITIZEN OF WHAT COUNTRY? 0
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13a. FATHER'S NAME John B. Herndon	13b. MOTHER'S MAIDEN NAME Amanda E. Norman	14. NAME OF HUSBAND OR WIFE Sarah Lickliger Herndon
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME G. B. Herndon, Centertown, Mo	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 2 4214H ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ① Aortic Valvular Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ② Chr hepatitis ③ Cancer of Rectum			

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) ✓	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Knob Noster, Johnson, Mo
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? ✓
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22. I hereby certify that I attended the deceased from **Jan 1, 1953**, to **April 23 1953** that I last saw the deceased alive on **April 23 1953**, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE P. W. Crave	(Degree or title)	23b. ADDRESS Knob Noster, Mo	23c. DATE SIGNED April 23, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 25 April 1953	24c. NAME OF CEMETERY OR CREMATORY Pleasant Green	24d. LOCATION (City, town, or county) (State) Pleasant Green, Mo
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DATE REC'D BY LOCAL REG. April 25 - 53	REGISTRAR'S SIGNATURE Erma D Beatty	25. FUNERAL DIRECTOR'S SIGNATURE W. Weckert	ADDRESS Sedalia, Mo.
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RECEIVED
APR 29 1953
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

APR 29 1953

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..... *SW Beckhart*

Licensed Embalmer No. 3470

P. O. Address Sebelia Inc

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.