

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

24863
3175

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p style="text-align: center;">Missouri</p> b. COUNTY <p style="text-align: center;">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>	c. LENGTH OF STAY (In this place) <p style="text-align: center;">1 yr.</p>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>	3258
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">General Hospital #2</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">65 1408 Olive Avenue</p>	
3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Hattie</p>	b. (Middle) <p style="text-align: center;">Herdans</p>	c. (Last) <p style="text-align: center;">Herdans</p>	4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">6 20 1953</p>
5. SEX <p style="text-align: center;">Female 3</p>	6. COLOR OR RACE <p style="text-align: center;">Colored</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Widowed 2</p>	8. DATE OF BIRTH <p style="text-align: center;">Aug. 20, 1884</p>
9. AGE (In years last birthday) <p style="text-align: center;">69</p>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">None</p>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Alabama /</p>
12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>		13a. FATHER'S NAME <p style="text-align: center;">John Williams</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Edna Harris</p>
14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Columbus Herd</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">No</p>
17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Anna Williams</p>		ADDRESS <p style="text-align: center;">1408 Olive</p>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">445h</p>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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>6-17-53</u> , 19 <u> </u> , to <u>6-20-53</u> , 19 <u> </u> , that I last saw the deceased alive on <u>6-20-53</u> , 19 <u> </u> , and that death occurred at <u>10:00 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <p style="text-align: center;">E. Frank Ellis</p>		23b. ADDRESS <p style="text-align: center;">600 East 22nd Street</p>	23c. DATE SIGNED <p style="text-align: center;">6-22-53</p>
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Removal</p>	24b. DATE <p style="text-align: center;">6/24/53</p>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Oklahoma City, Oklahoma</p>
DATE REC'D BY LOCAL REG. <p style="text-align: center;">6-22-53</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;">Geraldine Smith</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Watkins Bros. 18th & Benton</p>	

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 Bruce L. Rethford

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

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.