

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29500

State File No. ....

*Dr. Sherry*  
FILED AUG 17 1953

REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 123

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

1. PLACE OF DEATH a. COUNTY <u>Remiscot</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Remiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Little River Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Little River Twp</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0780</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>Harold</u>		b. (Middle) <u>Lee</u>	
c. (Last) <u>Herrin</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>30</u> (Year) <u>1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Nov 2, 1951</u>	
9. AGE (In years, if under 1 year, last birthday) Months <u>1</u> Days <u>8</u> Hours <u>28</u> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Hayti, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Odis Herrin</u>	
13b. MOTHER'S MAIDEN NAME <u>Mable Todd</u>		14. NAME OF HUSBAND OR WIFE	
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>Odis Herrin Rt # 1 Hayti, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Branchial pneumonia -</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days -</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>congenital heart disease 20 yrs.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS ; Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7544</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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>7-20-</u> , 19 <u>53</u> to <u>7-30-</u> , 19 <u>53</u> that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:15pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Hayti Mo</u>	
23c. DATE SIGNED <u>8-1-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-31-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-3-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
406		25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
ADDRESS <u>Hayti, Mo.</u>			

8-251-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

AUG 8 1953

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Raymond L. Duffie*.....

Licensed Embalmer No. *4798*.....

P. O. Address *Hart's Mission*.....

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.