

STANDARD CERTIFICATE OF DEATH

State File No. **32300**

FILED SEP 23 1953

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 91

0551

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

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY OR TOWN <u>Aurora</u>		c. CITY OR TOWN <u>Aurora</u> <u>0551</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Howard</u> c. (Last) <u>HERRON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 6-1953</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 28-1878</u>
9. AGE (In years last birthday) <u>75</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Medical</u>	11. BIRTHPLACE (State or foreign country) <u>Grand Junction, Iowa</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Medical Doctor</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William HERRON</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Kelly</u>	
14. NAME OF HUSBAND, OR WIFE <u>Lois HERRON</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 <u>Mrs. M. F. Herron</u> ADDRESS <u>Aurora Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION * I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia,</u> ANTECEDENT CAUSES <u>Pulmonary Oedema & Renal failure</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>due to (b) failure city Sato-eat, dia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)	<u>5711</u>
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>Sep 1, 1953</u> , to <u>Sep 6, 1953</u> , that I last saw the deceased alive on <u>Sept 6, 1953</u> and that death occurred at <u>11:20 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. L. Hallen</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>35 W. Madison Aurora Mo 5711</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 9-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	24d. LOCATION (City, town, or county) (State) <u>Aurora Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-17-1953</u>	REGISTRAR'S SIGNATURE <u>Wm. Me Natt</u> 157	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. Marshall</u> ADDRESS <u>Aurora, Mo.</u>	

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

James W. Wair
Licensed Embalmer No. *4650*

P. O. Address *Springfield, Mo.*

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.