

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

State File No. **32496**

FILED OCT 13 1953

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **89**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Exeter	
c. LENGTH OF STAY (in this place) 5 WKS.		d. STREET ADDRESS (If rural, give location) 0050 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sales Memorial Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Elizabeth c. (Last) Herd			4. DATE OF DEATH (Month) (Day) (Year) 9-29-1953		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, 9 WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH 10-5-1876		9. AGE (in years last birthday) 76		10. IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HR. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and State or Foreign Country) Lawrence County, Missouri	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Thomas A. Mulyagh		13b. MOTHER'S MAIDEN NAME Bertheva Cagle		14. NAME OF HUSBAND OR WIFE George Herd	
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. no		17. INFORMANT'S SIGNATURE OR NAME Tom Herd-Cassville, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of		DUE TO (b) Carcinoma of stomach			1 year
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 151X		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)		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 **1952**, to **29 Sept, 1953**, that I last saw the deceased alive on **29 Sept, 1953**, and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. J. Taylor M.D. (Degree or title)		23b. ADDRESS Neosho, Mo		23c. DATE SIGNED 2 Oct 53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-1-1953		24c. NAME OF CEMETERY OR CREMATORY Corinth Cemetery	
				24d. LOCATION (City, town, or county) (State) Cassville, Missouri	

DATE REC'D BY LOCAL REG. 10-8-53		REGISTRAR'S SIGNATURE Melvin C Bowman		25. FUNERAL DIRECTOR'S SIGNATURE G. E. Culver Cassville, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. _____

District File Number 1053-182

Date Filed OCT 9 1953

NEOSHO, MISSOURI

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

Margaret C. Hensley

Licensed Embalmer No. 4389

P. O. Address Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.