

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35907**  
**4934**

FILED **OCT 28 1953**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> <i>3088</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>38 YEARS</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>509 South Monroe</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Carl</b> c. (Last) <b>Herring</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 12 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 29, 1898</b>
9. AGE (In years last birthday) <b>55</b>		10. KIND OF BUSINESS OR INDUSTRY <b>SELF</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Fulton, Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cabinet Maker</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>MARCUS HERRING</b>		13b. MOTHER'S MAIDEN NAME <b>Cossie Wood</b>	
14. NAME OF HUSBAND OR WIFE <b>Elizabeth Herring</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>487-12-9312</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth Herring</b> ADDRESS <b>509 South Monroe, K. Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Hypertension</b> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <b>331X</b>	
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 (Month) (Day) (Year) (Hour) OF INJURY	
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 <b>3-22, 1952</b> to <b>10-12, 1953</b> , that I last saw the deceased alive on <b>9-23, 1953</b> , and that death occurred at <b>10:00 P.M.</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>J. M. Haight</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>3401 E 12th K.C. Mo.</b>	
23c. DATE SIGNED <b>10-13-53</b>		24a. POTENTIAL CREMATION (Specify) <b>BURIAL</b>	
24b. DATE <b>OCT-15-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. CARMEL CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>FULTON MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>DW Newcomer</b> ADDRESS <b>1331 BRUSH CASEX KANSAS CITY, MO.</b>	
DATE REC'D BY LOCAL REG. <b>10-14-53</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 .....  
Signature of Student Embalmer

Signed *Herbert A. Jones* .....

Licensed Embalmer No. *4927* .....

P. O. Address *4125 Posco* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.