

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38125

State File No.

FILED NOV 25 1953

BIRTH NO.		REG. DIST. NO. 1	PRIMARY REG. DIST. NO. 3000	Registrar's No. 374
1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville		c. LENGTH OF STAY (In this place) 38 yrs.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1504 E. Patterson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville		
		d. STREET ADDRESS (If rural, give location) 1504 E. Patterson		
3. NAME OF DECEASED (Type or Print) a. (First) Beatrice		b. (Middle) Abernathy		c. (Last) Herron
4. DATE OF DEATH 11-12-1953				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-5-1902	9. AGE (In years last birthday) 51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Concordia, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Randolph Abernathy		13b. MOTHER'S MAIDEN NAME Alice Clark	14. NAME OF HUSBAND OR WIFE George Herron	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME George Herron, Kirkville	
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) Metastatic carcinoma		INTERVAL BETWEEN ONSET AND DEATH Several mos.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Primary breast carcinoma		At least 1 yr?
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cachexia from malnutrition		Several weeks
19a. DATE OF OPERATION Feb 1953	19b. MAJOR FINDINGS OF OPERATION Rt radical mastectomy. Evidence regional metastasis.			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) (Min)	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 Sept 6, 1951 , to Nov 12, 1953 , that I last saw the deceased alive on Nov 12, 1953 , and that death occurred at 7:30 p. m. , from the causes and on the date stated above.				
23a. SIGNATURE John R. Roderick, D.O.		23b. ADDRESS 104 1/2 N Franklin Kirkville, Mo.		23c. DATE SIGNED 11/14/53
24a. (BURIAL, CREMATION, REMOVAL) (Specify) Burial	24b. DATE 11-15-1953	24c. NAME OF CEMETERY OR CREMATORY Maple Hills	24d. LOCATION (City, town, or county) (State) Kirkville, Missouri	
DATE REC'D BY LOCAL REG. 11-15-53	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Lawson & Stegal, Kirkville		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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
Student Embalmer

Signed

Harold R. Kliza

Licensed Embalmer No. 4296

P. O. Address Yorkville

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.