

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3741**

FILED JAN 26 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>VERNON</u> <u>1082</u> <u>Nevada Mo.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>vernon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada Mo.</u>		c. LENGTH OF STAY (in this place) <u>1 wk</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada Mo. 5</u> <u>1082</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada, City Hospital</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>C</u> c. (Last) <u>HERONYMUS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2 54</u>		
5. SEX <u>0</u> <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1871</u> <u>Oct. 30 1870</u>		9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Versailles Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>

13a. FATHER'S NAME <u>Unk</u>		13b. MOTHER'S MAIDEN NAME <u>Unk</u>		14. NAME OF HUSBAND OR WIFE <u>Flora Ellen Sutterman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John Creamer Nevada Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>			DUE TO (b) <u>Hypertensive Cardiovascular disease</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) <u>arterio-sclerosis, myocardial disease</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>Fracture crest of ilium</u>			<u>abt 2 wks</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443 X F</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>car crash</u>		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 Dec 22, 1953, to Jan 1, 1954; that I last saw the deceased alive on Jan 1, 1954 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James J. Pascoe, M.D.</u>		23b. ADDRESS <u>Nevada, Mo.</u>		23c. DATE SIGNED <u>Jan 5, 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 4 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Avola</u>	24d. LOCATION (City, town, or county) (State) <u>Sheldon Mo.</u>		

DATE REC'D BY LOCAL REG. <u>1-19-1954</u>	REGISTRAR'S SIGNATURE <u>Anna &amp; Ferris</u>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>451 Ferris &amp; Gerald Beery Sheldon Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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 L. Gerald Beery

Licensed Embalmer No. 4203

P. O. Address Shelton, Md

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.