

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4874

681

FILED MAR 15 1954

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>25 days</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>810 East 85th St.</u> 8448					
3. NAME OF DECEASED (Type or Print) <u>MARK</u>		a. (First) _____ b. (Middle) <u>RANDALL</u>		c. (Last) <u>HERRIMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12, 1954</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>Jan. 17, 1954</u>			
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months <u>25</u> Days _____		IF UNDER 4 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Gerald R. Herriman</u>		13b. MOTHER'S MAIDEN NAME <u>Jo Anne Gish</u>		14. NAME OF HUSBAND OR WIFE <u>--</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME <u>G.R. Herriman, 810 E. 85th, K.C. MO.</u>			ADDRESS _____	
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) <u>TURULENT MENINGITIS</u>				ANTECEDENT CAUSES				<u>25 DAYS</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) <u>MENINGOCOCLE</u>				<u>25 DAYS</u>	
DUE TO (c) <u>HYDROCEPHALUS - SPINA BIFIDA</u>				<u>25 DAYS</u>					
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.				<u>752X</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) _____					
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 <u>JAN 17</u> , 19 <u>54</u> , to <u>FEB 12</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>FEB 12</u> , 1954, and that death occurred at <u>8:15</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Robert C. Swisher</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>5509 Brookside Blvd.</u>		23c. DATE SIGNED <u>FEB 12 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2-12-54</u>		REGISTRAR'S SIGNATURE <u>Steldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE UND. CO.</u>		ADDRESS <u>K.C. MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Robert C. Swinburn
5509 Brookside
Sec. 4500

70

Until 4:00 PM

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 *J. Crowell*.....

Licensed Embalmer No. *499*.....

P. O. Address *R.C.M.*.....

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.