

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5262

State File No.

FILED FEB 25 1954

BIRTH NO. ... REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5588 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Jasper Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Rural Sarcosie Twp</u>	c. LENGTH OF STAY (If in institution)	c. CITY OR TOWN <u>Rural Sarcosie Twp</u>	d. STREET ADDRESS (If rural, give location) <u>Sarcosie Mo 3490</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lulu</u> b. (Middle) <u>Alise</u> c. (Last) <u>Hermann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-16-54</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 9-1876</u>	9. AGE (In years last birthday) <u>78</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>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Stotts City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>J. H. Warrington</u>		13b. MOTHER'S MAIDEN NAME <u>Fatta Bassell</u>		14. NAME OF HUSBAND OR WIFE <u>J. H. Hermann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John H. Hermann</u> ADDRESS <u>Sarcosie Mo</u>	

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		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>10 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u> DUE TO (c) _____		
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 <u>4/201</u>	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 1 Feb 1954 to 16 Feb 1954, that I last saw the deceased alive on 12 Feb 1954, and that death occurred at 9:45 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leroy Simmons M.D.</u>		23b. ADDRESS <u>1201 Center St Sarcosie Mo</u>		23c. DATE SIGNED <u>17 Feb 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-18-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sarcosie Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Sarcosie Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-17-54</u>	REGISTRAR'S SIGNATURE <u>Clyde B. Clinton M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson Jaws</u> ADDRESS <u>Sarcosie Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED FEB 24 1954
Jasper County Health Office
County File Number 54-2-16
Date Filed FEB 24 1954

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Wm K. Jackson

Licensed Embalmer No.

3954

P. O. Address

Savoy, Mo

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.