

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5399

State File No.

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5703 Registrar's No. 80

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Livingston</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chula-Rural-Medecin</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Livingston</u>
c. LENGTH OF STAY (in this place) <u>7 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chula-Rural-Medecin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.M.N.E. Chula</u>		d. STREET ADDRESS (If rural, give location) <u>L.M.N.E. Chula.</u> 0590 0	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Deame</u>	b. (Middle)	c. (Last) <u>Herbert</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 3 1954</u>
---	-------------------------	-------------	--------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept-29-1872</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR (Days) <u>5</u>	IF UNDER 24 HRS. (Hours) <u>4</u>	IF UNDER 15 MIN. (Min.)
--------------------------------	---	---	--	--	--	--	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Schuyler Co Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>James A. Shelton</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Moreland</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Herbert</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W.A. Herbert</u>	ADDRESS <u>Chula 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>12 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</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>331X</u>	20. AUTOPSY? YES <input 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 <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 2-21, 1954, to 3-3, 1954, that I last saw the deceased alive on 2-21, 1954, and that death occurred at 11 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Missouri DO</u>	(Degree or title)	23b. ADDRESS <u>Chillicothe Mo</u>	23c. DATE SIGNED <u>3-3-54</u>
---	-------------------	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>3/5/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plainview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chula Mo</u>
---	-------------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>3-3-54</u>	REGISTRAR'S SIGNATURE <u>Frances B Neill</u>	171	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.J. Robertson</u>	ADDRESS <u>Funeral Home Chula Mo</u>
--	--	------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48
590
1

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 _____

J. M. Robertson

Licensed Embalmer No. *4388*

P. O. Address *Laredo, 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.