

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7921

State File No.

14604-54

FILED MAR 29 1954

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	c. LENGTH OF STAY (In this place) 3 Years	c. CITY OR TOWN Fulton	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 Callaway Hospital		e. STREET ADDRESS (If rural, give location) 403 Jefferson Ave. 0143	
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Lee c. (Last) Herrmenn		4. DATE OF DEATH (Month) (Day) (Year) March 21, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, MARRIED, DIVORCED, WIDOWED, SEPARATED	8. DATE OF BIRTH March 21/54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill		10b. KIND OF BUSINESS OR INDUSTRY nil	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 3 1
11. BIRTHPLACE (City and State or Foreign Country) Fulton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert Herrmann		13b. MOTHER'S MAIDEN NAME Jane Gilman	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> (Unknown) <input type="checkbox"/> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Robert Herrmenn		ADDRESS Fulton Mo.	

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) <i>Congenital Atelectasis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <i>4 hrs.</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) 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 3-21, 1954, to 3-21, 1954 that I last saw the deceased alive on 3-21, 1954, and that death occurred at 2:52 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>John J. Brown MD</i>	23b. ADDRESS <i>Fulton Mo</i>	23c. DATE SIGNED <i>3-26-54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <i>3/22/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Hillcrest</i>
24d. LOCATION (City, town, or county) (State) <i>Fulton Missouri</i>		

DATE REC'D BY LOCAL REG. <i>Mar. 27-1954</i>	REGISTRAR'S SIGNATURE <i>Maretta Lawrence</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Maureen Fannhome</i>	ADDRESS <i>Fulton Mo</i>
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(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.....
Signature of Student Embalmer

Signed *J. V. Ross*.....
Licensed Embalmer No. *25*..

P. O. Address *Fuller*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.