

BIRTH NO. 20864-57 REC. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 483

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 10 days		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 St. Joseph's Hospital		e. STREET ADDRESS (If rural, give location) 818 Evaline	

3. NAME OF DECEASED (Type or Print) a. (First) JANET		b. (Middle) LORENE		c. (Last) HERTEL		4. DATE OF DEATH (Month) (Day) (Year) May 3 1954	
---	--	--------------------	--	------------------	--	---	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH April 23, 1954	9. AGE (In years last birthday) 10	IF UNDER 1 YEAR Months Days Hours Min.
---------------	------------------------	---	---------------------------------	------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
--	--	--	------------------------------------

13a. FATHER'S NAME Norman B. Hertel	13b. MOTHER'S MAIDEN NAME Lenore M. Foss	14. NAME OF HUSBAND OR WIFE None
-------------------------------------	--	----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Norman B. Hertel	ADDRESS St. Joseph, 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, exsanguia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypoproteinemia - hemorrhage		
	II. OTHER SIGNIFICANT CONDITIONS Congenital deformities		
19a. DATE OF OPERATION 5/2/54		19b. MAJOR FINDINGS OF OPERATION Teeth extraction	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)	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 4/23, 1954, to 5/3, 1954, that I last saw the deceased alive on 5/3, 1954, and that death occurred at 9:30A m., from the causes and on the date stated above.

23a. SIGNATURE Charles F. Shurkin M.D.	23b. ADDRESS 902 Edmund St. City	23c. DATE SIGNED 5/3/54
--	----------------------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 5, 1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town or county) (State) St. Joseph, Missouri
--	-----------------------	---	---

DATE REC'D BY LOCAL REG. May 11, 1954	REGISTRAR'S SIGNATURE Luther M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE St. Joseph Home	ADDRESS St. Joseph Mo
---------------------------------------	---	-----	--	-----------------------

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... *Charles E. Bennett*

Licensed Embalmer No. *467*

P. O. Address *St. Joseph*

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.