

FILED JUN 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15055**

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 324	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler			
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Poplar Bluff		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 1925 N. Garfield				STREET ADDRESS (If rural, give location) 1925 N. Garfield 012 1/2			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Emmett c. (Last) Hert			4. DATE OF DEATH (Month) (Day) (Year) May 16, 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 18, 1877	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 2 Days 28		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during 6 mos. of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) West Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Andrew Hert			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Dora Alice Stovall Hert		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. 		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hert Poplar Bluff, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Capillary Fragility DUE TO (c) Toxic Gall Bladder Liver II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Serility					INTERVAL BETWEEN ONSET AND DEATH 2 mo 6 mo 2 yrs
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 7-1, 1952 to 5-16, 1952 , that I last saw the deceased alive on 5-14, 1952 , and that death occurred at 11:35 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE H. H. Burton, M.D. (Degree or title)				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 5-24-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-18-54		24c. NAME OF CEMETERY OR CREMATORY Black Creek Cem.		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo. Rural	
DATE REC'D BY LOCAL REG. 5/26/54		REGISTRAR'S SIGNATURE A. H. Mueller		25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell		ADDRESS Poplar Bluff, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *Grove W. Peck*.....

Licensed Embalmer No. *296*
P. O. Address *Esplanade*

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.