

FILED JUL 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. **18968**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2690**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>12 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>4403 E 7</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4403 E 7</b>		19 <b>4403 E 7</b> <b>319 1/2</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clark</b>		b. (Middle) _____ c. (Last) <b>Herrin</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>6/14/54</b>		5. SEX <b>D</b> male	
6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>10/1/1894</b>		9. AGE (In years last birthday) <b>59</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bd. of Education K C M</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Callio, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Claborne Herrin</b>		13b. MOTHER'S MAIDEN NAME <b>Susie B. Miller</b>	
14. NAME OF HUSBAND OR WIFE <b>Lille Haney HERRIN</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW I</b>	
16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lillie Haney Herrin, 4403 E 7</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxiation</b> ANTECEDENT CAUSES <b>Lacerations wrist</b> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	
21a. PLACE OF INJURY (e.g., in or about home, barn, factory, street, office bldg., etc.) <b>Home</b>		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Kansas City Jackson Mo.</b>	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6-14-54</b>		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21e. HOW DID INJURY OCCUR? <b>Severed Arteries Wrist</b>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title) <b>Registrar</b>		23b. ADDRESS <b>1034 Crest Bldg</b>	
23c. DATE SIGNED <b>6-18-54</b>		24a. BURIAL CREMATION (Specify) <b>BURIAL</b>	
24b. DATE <b>6/17/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Natl. Cem. Ft. Leavenworth</b>	
24d. LOCATION (City, town, or county) (State) <b>Ft. Leavenworth, Kans</b>		DATE REC'D BY LOCAL REG. <b>6-15-54</b>	
REGISTRAR'S SIGNATURE <b>Heldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John P. Sheil, K. C. Mo.</b>	

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

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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 *John P. Smith*.....

Licensed Embalmer No. *362*

P. O. Address *H. C. 7*

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.