

No. 300
10-48

FILED SEP 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26237

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 5094 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-OSAGE TWP.	c. LENGTH OF STAY (In this place) 10 YRS	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 MI. N.W. RICH HILL		e. STREET ADDRESS (If rural, give location) 4 MI. N.W. RICH HILL - 0070	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) PHILLIP	c. (Last) HERMAN.	4. DATE OF DEATH (Month) (Day) (Year) SEPT-4-1953
-------------------------------------	------------------------	----------------------------	--------------------------	--

5. SEX MALE.	6. COLOR OR RACE WHITE.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY-22-1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 3	IF UNDER 2 HRS. Hours 13	Min.
---------------------	--------------------------------	---	-------------------------------------	---	---------------------------------	---------------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING	11. BIRTHPLACE (City and State or Foreign Country) GREENFIELD, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	--

13a. FATHER'S NAME ADAM HERMAN	13b. MOTHER'S MAIDEN NAME EVE WALLY	14. NAME OF HUSBAND OR WIFE SALLY HERMAN - DECEASED.
---------------------------------------	--	---

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 Henry Herman - Rich Hill Mo.	ADDRESS
---	-------------------------------------	---	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension about 10 years		INTERVAL BETWEEN ONSET AND DEATH 2 1/2
	ANTECEDENT CAUSES Morbidity 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 443 X	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) (Min.)	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 **July 15, 1952**, to **Sept 4, 1953**, that I last saw the deceased alive on **Sept 13, 1954**, and that death occurred at **1600** hrs. from the causes and on the date stated above.

23a. SIGNATURE James J. Ollent MD	(Degree or title)	23b. ADDRESS Rich Hill Mo	23c. DATE SIGNED SEP 10 1954
--	-------------------	----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT-6-1954	24c. NAME OF CEMETERY OR CREMATORY WOODFIN CEMETERY	24d. LOCATION (City, town, or county) (State) BATES COUNTY, MO.
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. 9-9-1954	REGISTRAR'S SIGNATURE Mrs. Edna Douglas	25. FUNERAL DIRECTOR'S SIGNATURE Booth Funeral Home - Rich Hill, Mo.	ADDRESS
--	--	---	---------

(Licensed Embalmer's Statement on Reverse Side)

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

1 10000000 10/10 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.....
Licensed Embalmer No. 358
P. O. Address Butler

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.