

FILED-SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29928

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. 43PRIMARY REG. DIST. NO. 3007Registrar's No. 481

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff, Mo.</b>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		d. STREET ADDRESS (If rural, give location) <b>712 Lester</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hosp.</b>			d. STREET ADDRESS (If rural, give location) <b>712 Lester</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>A.</b> c. (Last) <b>Herren</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 9, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White n</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 29, 1898</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months <b>56</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Miss. Fuel Corp.</b>	11. BIRTHPLACE (State or foreign country) <b>Reno, Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>James Herren</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Arnett</b>	14. NAME OF HUSBAND OR WIFE <b>Alma Lee Glasco Herren</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Herren Poplar Bluff, Mo.</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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac Failure</b> DUE TO (c) <b>Minor Coronary Thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>			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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>5:30 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Markel MA</b>			23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>9/15/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-12-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Gardens</b>	24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>		
DATE REC'D BY LOCAL REG <b>9/16/54</b>	REGISTRAR'S SIGNATURE <b>OK Mueller</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Frank-Cotrell Poplar Bluff, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
SEP 21 1954

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

SEP 21 1954

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed Howard W. Peen

Signed.....  
Student Embalmer

Licensed Embalmer No. 2964

P. O. Address Joplin, Mo.

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 this body is not embalmed, fact should be so stated above.