

FILED SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30356

State File No.

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 148

1. PLACE OF DEATH
 a. COUNTY Grundy
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton
 c. LENGTH OF STAY (in this place) 42 years
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wright Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE MO b. COUNTY Grundy
 c. CITY OR TOWN Trenton
 d. Is Residence within limits of a city or incorporated town? Yes No
 a. STREET ADDRESS (If rural, give location) 0402 424 Crowder Rd.

3. NAME OF DECEASED (Type or Print)
 a. (First) George b. (Middle) Watts c. (Last) Herod
 4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1954

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
 8. DATE OF BIRTH APR. 27 1889 9. AGE (In years last birthday) 65 If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway clerk
 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (City and State or Foreign Country) Cedar Gap, Mo. 12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME John Herod 13b. MOTHER'S MAIDEN NAME Flora A. Shackelford 14. NAME OF HUSBAND OR WIFE ANNA HAMMOND Herod

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
 16. SOCIAL SECURITY NO. 708-10-7935 17. INFORMANT'S SIGNATURE OR NAME Anna Herod ADDRESS Trenton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
 ANTECEDENT CAUSES Arterio Sclerosis
 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.
 INTERVAL BETWEEN ONSET AND DEATH Year known 3 mos from autopsy

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Sept 14, 1954 to Sept 15, 1954 that I last saw the deceased alive on Sept 14, 1954 and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. A. Duffly M.D. (Degree or title) 23b. ADDRESS Trenton Mo 23c. DATE SIGNED Sept 15 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE Sept 16 1954 24c. NAME OF CEMETERY OR CREMATORY LANCASTER Cemetery 24d. LOCATION (City, town, or county) (State) LANCASTER KANSAS.

DATE REC'D BY LOCAL REG. Sept 16 1954 REGISTRAR'S SIGNATURE Gene Fair 25 FUNERAL DIRECTOR'S SIGNATURE Walter Blackmore ADDRESS Trenton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

APR 11 1955

FEB 18 1955

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 *Harold L Roberts*.....

Licensed Embalmer No. *492*.....

P. O. Address *Leontov, 9*.....

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.