

FILED OCT 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32790

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY OR TOWN <u>Charence</u>	c. LENGTH OF STAY (in this place) <u>4 months</u>	c. CITY OR TOWN <u>Charence, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home-Charence</u>		d. STREET ADDRESS (If rural, give location) <u>Charence, Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NANNIE</u> b. (Middle) <u>MAE</u> c. (Last) <u>HERRING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEP 13 1954</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Feb 6, 1987</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Fulton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Daniel ARTHER</u>	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE <u>O.M. HERRING CHARENCE MO</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>O.M. HERRING CHARENCE MO</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>3 years</u> <u>unk</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u>		
	DUE TO (c) <u>arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>myocardial insufficiency</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 6-21 1954, to 9-13, 1954, that I last saw the deceased alive on 9-4, 1954, and that death occurred at 9:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Alvan R. Hull, M.D.</u>	23b. ADDRESS <u>Charence, Mo</u>	23c. DATE SIGNED <u>10-1-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FULTON CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>FULTON MO</u>
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DATE REC'D BY LOCAL REG. <u>Oct 9-54</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u> 419	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul V. Sheehy</u>	ADDRESS <u>Charence, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1220

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
Student Embalmer

Signed: *Charles V. Greening*

Licensed Embalmer No. *4625*

P. O. Address *Chance 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.