No. 300
10-48

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39853

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 4493 Registrar's No. 307

1010
1

1. PLACE OF DEATH
a. COUNTY: SHANNON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BIRCH TREE
c. LENGTH OF STAY (in this place): 41 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: SHANNON
c. CITY OR TOWN: BIRCH TREE
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 1010 0

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Fulton
c. (Last): Herrell

4. DATE OF DEATH (Month) (Day) (Year): Sept 20-1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): N.M.
8. DATE OF BIRTH: Feb. 10-1913
9. AGE (In years last birthday): 41
IF UNDER 1 YEAR: Months: 7 Days: 10
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Low Wassie, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Harry Herrell
13b. MOTHER'S MAIDEN NAME: Emma Herrell
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW II 2
16. SOCIAL SECURITY NO.: 429-05-7597
17. INFORMANT'S SIGNATURE OR NAME: Emma Herrell
ADDRESS: Birch Tree, Mo.

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Alcoholism — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

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: 3222
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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
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 18, 1954, *to* Sept 20, 1954, *that I last saw the deceased alive on* Sept 20 1954, *and that death occurred at* 11:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Davis M.D.
23b. ADDRESS: Birch Tree Mo
23c. DATE SIGNED: 11/8 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): B.
24b. DATE: 9-23-54
24c. NAME OF CEMETERY OR CREMATORY: Oak Forest
24d. LOCATION (City, town, or county) (State): Birch Tree, Mo.

DATE REC'D BY LOCAL REG.: 11-15-54
REGISTRAR'S SIGNATURE: Mabel Roberson 447-1
25. FUNERAL DIRECTOR'S SIGNATURE: Duncans
ADDRESS: Mt. View, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 10 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joel S. Duncan

Licensed Embalmer No. 432

P. O. Address Mt. Vern

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.