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FILED JAN 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40987
State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5914

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 50 yrs.		e. STREET ADDRESS (If rural, give location) 1333 Euclid, 2nd Floor	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		f. STREET ADDRESS	
3. NAME OF DECEASED a. (First) Williams		b. (Middle) 27	
c. (Last) Herndon		4. DATE OF DEATH (Month) 12 (Day) 23 (Year) 1954	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 27, 1880
9. AGE (In years last birthday) 74 Yrs.	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) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Board of Trade Bldg	
11. BIRTHPLACE (City and State or Foreign Country) Pierce City, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Napoleon Herndon		13b. MOTHER'S MAIDEN NAME ELLEN Ellen Pitts	
14. NAME OF HUSBAND OR WIFE Mattie Herndon			
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. 487 - 01-1604	
17. INFORMANT'S SIGNATURE OR NAME Roy Herndon		ADDRESS 2402 Olive	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Hypertensive Heart Disease with failure.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		443X	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 <u>12-22-54</u> to <u>12-23-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-23-54</u> , 19 <u>54</u> , and that death occurred at <u>8:30</u> Pm., from the causes and on the date stated above.					
23a. SIGNATURE E. Frank Ellis		23b. ADDRESS 600 East 22nd Street MD		23c. DATE SIGNED 12-27-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-27-54		24c. NAME OF CEMETERY OR CREMATORY Lincoln	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Shatkin Brothers Funeral Home - 18th & Benton			
DATE REC'D BY LOCAL REG. 12-27-54		REGISTRAR'S SIGNATURE Neva Minshall		ADDRESS Shatkin Brothers Funeral Home - 18th & Benton	

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

(Licensed Embalmer's Statement on Reverse Side)

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..... *Bruce R. Glatkins*

Licensed Embalmer No. *450*

P. O. Address *18th & 13e*

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.