

FILED APR 25 1955

STANDARD CERTIFICATE OF DEATH

State File No. 12806

BIRTH NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 79

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Demiseot  
c. CITY OR TOWN Rural  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) Hayti Heights 0780

3. NAME OF DECEASED  
a. (First) Eddie b. (Middle) Herron c. (Last) Herron 4. DATE OF DEATH (Month) (Day) (Year) April 12 1955

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH June 23, 1899 9. AGE (in years last birthday) 55 Months 9 Days 19 Hours 7 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) Day Laborer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and State or Foreign Country) Mississippi 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Herron 13b. MOTHER'S MARDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Lillian Herron

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. None 17. INFORMANT'S SIGNATURE OR NAME Lillian Herron ADDRESS Hayti, 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, ashenia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocardial Infarction  
ANTECEDENT CAUSES Hypertension  
Morbidity 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 rules  
unknown

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4201 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) (Min.) 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 2 Jan, 1955, to 12 April, 1955, that I last saw the deceased alive on 12 April, 1955, and that death occurred at 4:30 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Fulco M.D. 23b. ADDRESS Canthursville, Mo 23c. DATE SIGNED

24a. BURIAL CREMATION REMOVAL (Specify) Burial 24b. DATE 4-14-55 24c. NAME OF CEMETERY OR CREMATORY Concord Cemetery 24d. LOCATION (City, town, or county) (State) Rural - Hayti, Mo

DATE REC'D BY LOCAL REG. 4-19-55 REGISTRAR'S SIGNATURE John W. Herron 4067 25. FUNERAL DIRECTOR'S SIGNATURE John W. Herron ADDRESS Hayti, Mo

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

08 0 1

4-126-55

APR 22 1955

PEMISCOT COUNTY HEALTH DEPARTMENT,  
COURTHOUSE / PHONE 79  
CARUTHERSVILLE, MO.

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.....  
*John H. German*

Licensed Embalmer No. *435*

P. O. Address *Hayti,*

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.