No. 300
10.48

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16410

State File No. .....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 145

0940

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

1. PLACE OF DEATH
a. COUNTY: ST. FRANCOIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. FRANCOIS TWP.
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MINERAL AREA OSTEO. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. FRANCOIS
c. CITY OR TOWN: FARMINGTON
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 317 S. WASHINGTON

0941

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): Henry
c. (Last): HERBST

4. DATE OF DEATH (Month) (Day) (Year): MAY 20, 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN. 23 1893
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 3, Days 27 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: FRED HERBST
13b. MOTHER'S MAIDEN NAME: MARY SIEBECKER
14. NAME OF HUSBAND OR WIFE: EMMA L. HERBST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 488-01-2641
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Emma Herbst — ADDRESS: Farmington, Missouri.

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) Acute cerebrally failure — INTERVAL BETWEEN ONSET AND DEATH: 2-3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute congestive failure — 7 days
DUE TO (c) Myocardial infarction — 4 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Left ureteral lithiasis — 2 days

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) 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* _____, 1954, *to* May 20, 1955, *that I last saw the deceased alive on* May 20, 1955, *and that death occurred at* 10:30 m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul P Edgar, D.O.
23b. ADDRESS: FARMINGTON, MISSOURI
23c. DATE SIGNED: 5-20-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5/22/55
24c. NAME OF CEMETERY OR CREMATORY: Lutheran
24d. LOCATION (City, town, or county) (State): Farmington, Missouri

DATE REC'D BY LOCAL REG.: May 20, 1955
REGISTRAR'S SIGNATURE: Esther Rudloff
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25. FUNERAL DIRECTOR'S SIGNATURE: Miller Funeral Home — ADDRESS: Farmington, Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 6 1955

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Paul K Deyal.....

Licensed Embalmer No..412

P. O. Address.Farming

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