

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 1 - 1955

State File No. **18707**
2535

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2535		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson				
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 6 hrs.		c. CITY OR TOWN Centerville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL				* STREET ADDRESS (If rural, give location) Rtd 1 CENTERVIEW MO				
3. NAME OF DECEASED (Type or Print) Mr. Kasper E. Herman			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH June 13 1955				5. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Jan. 19, 1914		9. AGE (to years last birthday) 41		IF UNDER 1 YEAR: Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10b. KIND OF BUSINESS OR INDUSTRY BARBER		11. BIRTHPLACE (City and State or Foreign Country) La Monte, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME FRED Herman		13b. MOTHER'S MAIDEN NAME Laura Myrtle Stephens		14. NAME OF HUSBAND OR WIFE Florence A. Herman				
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. 495-20-8497		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence A. Herman R. 3. Centerville, 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) Acute Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Generalized Peritonitis DUE TO (c) Ulcerative Ileitis & Perforation				INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 2 wks. 5722		
19a. DATE OF OPERATION 6/13/55		19b. MAJOR FINDINGS OF OPERATION Generalized Peritonitis & Ileitis & Perforation				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 6-13, 1955 , to 6-13, 1955 , that I last saw the deceased alive on 6-13, 1955 , and that death occurred at 7:15 P.m. , from the causes and on the date stated above.								
23a. SIGNATURE E. A. Wilkinson (Degree or title) M.D.				23b. ADDRESS 1332 Professional Bldg		23c. DATE SIGNED 6-13-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE June 15, 1955		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg, Mo.		
DATE REC'D BY LOCAL REG. 6-14-55		REGISTRAR'S SIGNATURE Neva Minshall		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney-Phillips Warrensburg Mo				

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

AUG 2 1955

MAY 18 1956

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 *J. Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg*

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.