

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 2-1955

State File No. 22572  
Registrar's No. 905

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Joplin</u> <small>Write outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <u>Joplin</u> <small>(If rural, give location)</small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>816 West "B" Street</u>		e. STREET ADDRESS <u>816 West "B" Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hertie</u> b. (Middle) <u>B.</u> c. (Last) <u>Herb</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 15, 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <sup>o</sup> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb 20 1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Store</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <u>62 -</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Joplin Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William S. Casley</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Single</u>	
14. NAME OF HUSBAND OR WIFE <u>Lee C. Herb</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-38 8102</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Jefferson Herb</u>		17. INFORMANT'S SIGNATURE OR NAME <u>2034. Comar</u>	
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4201</u> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>7-11-55</u> , 19 <u>55</u> , to <u>7-15-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-15-55</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Jefferson Herb</u>		23b. ADDRESS <u>Joplin Mo</u>	
23c. DATE SIGNED <u>7-16-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-16-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hope Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-30-55</u>		REGISTRAR'S SIGNATURE <u>By Charles Sampkins</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Nelson</u>		ADDRESS <u>Joplin Mo</u>	

RECEIVED  
FEB 24 1956

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AUG 4 1955

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..... *David Selton*

Licensed Embalmer No. 389

P. O. Address *Joplin Mo*

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.