

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25581

State File No.

FILED AUG 29 1955

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4115 Registrar's No. 29

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|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY... <u>Chariton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u> | |
| b. CITY OR TOWN <u>Triphett</u> | c. LENGTH OF STAY (in this place) <u>20 yrs</u> | c. CITY OR TOWN <u>Triphett</u> | d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | f. STREET ADDRESS (If rural, give location) <u>South West Triphett</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>John</u> | b. (Middle) <u>h.</u> | c. (Last) <u>Herron</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 21-1955</u> |
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| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>July 20-1888</u> | 9. AGE (In years last birthday) <u>67</u> | IF UNDER 1 YEAR Months <u>1</u> | IF UNDER 24 HRS. Hours <u>1</u> Min. |
|-----------------|---------------------------|---|--------------------------------------|---|---------------------------------|--------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cemetery Sexton</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hale MO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>John H Herron</u> | 13b. MOTHER'S MAIDEN NAME <u>Vienna Jones</u> | 14. NAME OF HUSBAND OR WIFE <u>ALMA Herron</u> |
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| 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>500-34-3114</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs ALMA Herron</u> | ADDRESS <u>Triphett MO</u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>- PNEUMONIA (HYPOSTATIC)</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>36 HRS</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HEMIPLEGIA</u> | | <u>14 DAYS</u> |
| | DUE TO (c) <u>CEREBRAL THROMBOSIS</u> | | <u>14 DAYS</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332X</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from JUNE 1953, to AUG 21, 1955, that I last saw the deceased alive on AUG. 20, 1955, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Kenneth L. Rosencrance D.O.</u> | (Degree or title) | 23b. ADDRESS <u>TRIPLETT, MO.</u> | 23c. DATE SIGNED <u>Aug. 22-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8/23/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>McCullough</u> | 24d. LOCATION (City, town, or county) (State) <u>Triphett MO</u> |
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| DATE REC'D BY LOCAL REG. <u>8-25-55</u> | REGISTRAR'S SIGNATURE <u>Mildred Basile</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Shepard</u> | ADDRESS <u>Mendon MO</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
A. R. Leopard

Licensed Embalmer No. *397*

P. O. Address.....
Mendo

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.