

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **32697**

No. 300
10-48

FILED NOV 14 1955

BIRTH NO. _____		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 3019		Registrar's No. 120	
1. PLACE OF DEATH a. COUNTY DUNKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY DUNKLIN			
b. CITY OR TOWN Kennett		c. LENGTH OF STAY (in this place) 2 yrs		c. CITY OR TOWN Kennett		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 1807 Bradley				e. STREET ADDRESS (If rural, give location) 1807 BRADLEY			
3. NAME OF DECEASED (Type or Print) a. (First) Earle			b. (Middle) Lee		c. (Last) HERRINGTON		4. DATE OF DEATH (Month) (Day) (Year) SEPT 14, 55
5. SEX M		6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH Dec. 1, 1896		9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work constituting a usual mode of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Samuel Herrington			13b. MOTHER'S MAIDEN NAME Alice Gregory		14. NAME OF HUSBAND OR WIFE Manie Herrington		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Manie Herrington ADDRESS Kennett, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Coronary Heart Disease Left					INTERVAL BETWEEN ONSET AND DEATH _____
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> Stress & Arteriosclerosis					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 4201					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE OR 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 June , 19 55 , to 9-14 , 19 55 , that I last saw the deceased alive on 9-13 , 19 55 , and that death occurred at 7 P m., from the causes and on the date stated above.							
23a. SIGNATURE E. D. Dwyer (Degree or title) M.D.				23b. ADDRESS Kennett Mo		23c. DATE SIGNED 9-29-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/27/55	24c. NAME OF CEMETERY OR CREMATORY Maryon		24d. LOCATION (City, town, or county) (State) Adrian, Mo		
DATE REC'D BY LOCAL REG. 9-30-55		REGISTRAR'S SIGNATURE Carl Hubbard			25. FUNERAL DIRECTOR'S SIGNATURE W. Donald Funderburk ADDRESS South		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY

DEPARTMENT 10-21-53

COUNTY FILE NUMBER 105

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.....
Edwin P. Avon

Licensed Embalmer No. *484*

P. O. Address.....
Jeneth

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.