

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32973

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY OR TOWN Osceola	
d. FULL NAME OF HOSPITAL OR INSTITUTION Loftin Rest Home		e. STREET ADDRESS (If rural, give location) 0930	
3. NAME OF DECEASED (Type or Print) a. (First) Effie b. (Middle) E. c. (Last) Herndon		4. DATE OF DEATH (Month) (Day) (Year) October, 11, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 6, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		11. BIRTHPLACE (City and State or Foreign Country) Mound City Kansas	
13a. FATHER'S NAME John W. Ellington		14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 7	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE MYOCARDITIS ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION DUE TO (c) SENILITY 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	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		21g. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan., 1955, to 11 Oct., 1955, that I last saw the deceased alive on 11 Oct., 1955, and that death occurred at 8:15A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Hugh B. Walker, MD		23b. ADDRESS Clinton, Mo.	
23c. DATE SIGNED 11 Oct.		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-14-55	24c. NAME OF CEMETERY OR CREMATORY Osceola	24d. LOCATION (City, town, or county) (State) Osceola Missouri
DATE REC'D BY LOCAL REG. 10-24-55	REGISTRAR'S SIGNATURE Clyde A. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodrich Funeral Home, Osceola, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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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. B. [Signature]*.....

Licensed Embalmer No. *3036*.....

P. O. Address *Osceola*.....

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.