

FILED DEC 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37651**

BIRTH NO. _____		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 5049		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY Demiseob				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Demiseob			
b. CITY (If outside corporate limits, write RURAL and give town or township) Hayti		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Hayti		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				STREET ADDRESS (If rural, give location) Rm 503 South 4th Street			
3. NAME OF DECEASED (First) Isaac		b. (Middle) Gersie		c. (Last) Herrin		4. DATE OF DEATH (Month) (Day) (Year) Nov 24, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH Oct 2, 1885	
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR: Months 1 Days 22		IF UNDER 1 Wks. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Big Sandy Tenn		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Beverly Herrin		13b. MOTHER'S MAIDEN NAME Lucy		14. NAME OF HUSBAND OR WIFE Minnie Herrin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 327-22-854 B		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Minnie Herrin Hayti, Mo 503 S. 4th.			
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) Cerebral thrombosis left. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Kidney disease etiology undetermined DUE TO (c) 332X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Leucyls & arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 11-22, 1955 , to 11-24, 1955 that I last saw the deceased alive on 11-24, 1955 and that death occurred at 1:45 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harry Dine M.D.				23b. ADDRESS Hayti, Mo		23c. DATE SIGNED 11-26-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-26-55		24c. NAME OF CEMETERY OR CREMATORY East Woodlawn		24d. LOCATION (City, town, or county) (State) Hayti, Mo	
DATE REC'D BY LOCAL REG. 11-28-55		REGISTRAR'S SIGNATURE John W. German		406 FUNERAL DIRECTOR'S SIGNATURE John W. German		ADDRESS Hayti, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

12-347-55

DEC 7 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *John St. Germain*.....

Licensed Embalmer No. *435*.....

P. O. Address *Hoyt*.....

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.