

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37757**

FILED DEC 8 1955

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **133**

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PIKE	
b. CITY OR TOWN LOUISIANA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CURRYVILLE	
c. LENGTH OF STAY (in this place) 56 hrs		d. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION MINERAL SPRING HOSP			

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) Gertrude	c. (Last) Herren	4. DATE OF DEATH (Month) (Day) (Year) November 20 1955
-------------------------------------	------------------------	-----------------------------	-------------------------	---

5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Sept 6 1895	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
----------------------	-------------------------------	---	-------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory worker	10b. KIND OF BUSINESS OR INDUSTRY Garment	11. BIRTHPLACE (State or foreign country) UNKNOWN	12. CITIZEN OF WHAT COUNTRY? USA.
---	--	--	--

13a. FATHER'S NAME JOSEPH HENRY	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Stitzley G. Herren
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME VELMA THERE BUSH	ADDRESS _____
---	----------------------------------	---	---------------

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		INTERVAL BETWEEN ONSET AND DEATH 56 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant Hypertension DUE TO (c) 3.3ix		UNKNOWN
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. diabetes Mellitus		UNKNOWN	

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) _____	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 **Nov 18**, 19**55**, to **Nov 20**, 19**55**, that I last saw the deceased alive on **Nov 20**, 19**55**, and that death occurred at **11:50 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David L. Bilyea DO	23b. ADDRESS 220 Nth. 5th Louisiana	23c. DATE SIGNED Nov 20, 55
--	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 25, 55	24c. NAME OF CEMETERY OR CREMATORY Curryville	24d. LOCATION (City, town, or county) (State) Curryville, Mo.
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. Dec 2, 1955	REGISTRAR'S SIGNATURE Bernice Collier	37757	25. FUNERAL DIRECTOR'S SIGNATURE William Blister	ADDRESS Wendover, Mo.
---	--	-------	---	------------------------------

JOSEPH HENRY

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
Student Embalmer

Signed Wm. Blotter

Licensed Embalmer No. 4169

P. O. Address Vandalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.