

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40289

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>16</u>		
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>				
b. CITY OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (in this place) <u>3 Mo</u>		c. CITY OR TOWN <u>Lincolnton</u>		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 <u>Sullivan Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>N of Hatfield Mo. 0910</u>				
3. NAME OF DECEASED (Type of Print) a. (First) <u>John</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Hershberger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-17-55</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>3-5-1891</u>		
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>12</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>Charles Hershberger</u>		13b. MOTHER'S MAIDEN NAME <u>Do not know</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Hinckley Hose</u> ADDRESS <u>Hatfield Mo</u>		
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>				
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) _____ m. _____		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 <u>9/23, 1955</u> to <u>12/16, 1955</u> , that I last saw the deceased alive on <u>12/16, 1955</u> , and that death occurred at <u>12P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Merrian Gearhart MD</u>				23b. ADDRESS <u>Bethany Mo</u>		23c. DATE SIGNED <u>12/20/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-20-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Kellerton Iowa</u>		
DATE REC'D BY LOCAL REG. <u>12/20/55</u>		REGISTRAR'S SIGNATURE <u>Zola Burrows</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mshana</u> ADDRESS <u>Bethany Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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..... *M. B. Isaac*

Licensed Embalmer No. *389*.....

P. O. Address *Bethany*.....

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.