

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **114**

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 5

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| 1. PLACE OF DEATH a. COUNTY <u>Barton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a..STATE <u>Mo</u> b. COUNTY <u>Barton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAMAR</u> | | c. CITY OR TOWN <u>Irwin</u> | 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 <u>Memorial Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>ed60</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice Gertrude</u> b. (Middle) <u>Heryford</u> c. (Last) <u>Heryford</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 13 1956</u> | | |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 25 1880</u> | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 1 YEAR Months <u>3</u> | IF UNDER 24 HRS. Days Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Vernon, Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> |
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| 13a. FATHER'S NAME <u>Samual M. Couch</u> | 13b. MOTHER'S MAIDEN NAME <u>Deborah Ellen Hooper</u> | 14. NAME OF HUSBAND OR WIFE <u>Thomas F. Heryford</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service) | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Heryford</u> ADDRESS <u>Irwin, Mo.</u> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver</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>Cardiomegaly - Generalized Atherosclerosis - Essential Hypertension -</u> | | 5810 | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) _____ |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from 5-23, 1955, to 1-13, 1956, that I last saw the deceased alive on 1-13, 1956, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Thomas Canale M.D.</u> | 23b. ADDRESS <u>1204 S. Bell St - Lomen, Mo</u> | 23c. DATE SIGNED <u>1-14-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan. 15</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sheldon</u> | 24d. LOCATION (City, town, or county) (State) <u>Sheldon Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>JAN 18 1956</u> | REGISTRAR'S SIGNATURE <u>Marie Korantz</u> 14-0 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gerald Penny</u> ADDRESS <u>Sheldon Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *L. Gerald Beery*.....

Licensed Embalmer No. *420*.....

P. O. Address *Shelton*.....

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.