

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1829**

BIRTH NO. _____		REG. DIST. NO. 171		PRIMARY REG. DIST. NO. 5638		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived if institution: residence before admission). a. STATE Mo Lafayette					
b. CITY OR TOWN Bates City		c. LENGTH OF STAY (in this place) 40 yrs		c. CITY OR TOWN Bates City		d. 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 City Sni-a-don-Junia				STREET ADDRESS (If rural, give location) City 0540					
3. NAME OF DECEASED (Type or Print) a. (First) Claude			b. (Middle) J		c. (Last) Herrman		4. DATE OF DEATH (Month) (Day) (Year) Jan 22 1956		
5. SEX M		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Mar 17 1882		9. AGE (in years last birthday) 74 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) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Bates City Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Louis Herrman			13b. MOTHER'S MAIDEN NAME Dora Gains		14. NAME OF HUSBAND OR WIFE Florence B Herrman				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Flore Herrman Bates City Mo 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized atherosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____						INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from Dec 15, 1956 , to 1-22, 1956 , that I last saw the deceased alive on 1-15, 1956 , and that death occurred at 7:30 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE James W. Wilcox (Degree or title) MD				23b. ADDRESS Oak Grove, Mo		23c. DATE SIGNED 1-23-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE Jan 25 1956		24c. NAME OF CEMETERY OR CREMATORY Bates City		24d. LOCATION (City, town, or county) (State) Bates City Mo			
DATE REC'D BY LOCAL REG. 1/23/56		REGISTRAR'S SIGNATURE Emma Davidson 453		25. FUNERAL DIRECTOR'S SIGNATURE Walt Funeral Home		ADDRESS Oak Grove Mo			

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 *R. B. West*

Licensed Embalmer No. *2313*.....

P. O. Address *Blue Springs Mo*.....

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.