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48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 10 1956

State File No. 19467

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: ATCHISON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FAIRFAX
c. LENGTH OF STAY (in this place): 30 Min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FAIRFAX COMMUNITY HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ATCHISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 0030
d. STREET ADDRESS (If rural, give location): RURAL (So. POLK TWSP)

3. NAME OF DECEASED (Type or Print): a. (First) DOTTIE b. (Middle) MARIE c. (Last) HERRON

4. DATE OF DEATH (Month) (Day) (Year): 6 - 30 - 1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 5-4-1900
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 1, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): ATCHISON CO. MO
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: CLARENCE OWEN
13b. MOTHER'S MAIDEN NAME: DORA OSLIN
14. NAME OF HUSBAND OR WIFE: ROBT. HERRON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Robt. Herron, Rock Port. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion c̄ myocardial — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) infarction
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/16/54, 19__, *to* 6/30/56, 19__, *that I last saw the deceased alive on* 6/30/56, 19__, *and that death occurred at* 10 45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. G. Niedermeyer MD
23b. ADDRESS: Tarkio Mo
23c. DATE SIGNED: 7/3/56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-X-1956
24c. NAME OF CEMETERY OR CREMATORY: GRANGE HALL CEM
24d. LOCATION (City, town, or county) (State): Rock Port. Mo

DATE REC'D BY LOCAL REG.: July 7, 1956
REGISTRAR'S SIGNATURE: Marvin H. Schaeler
25. FUNERAL DIRECTOR'S SIGNATURE: BARTHOLOMEW MORTUARY — ADDRESS: Rock Port Mo

(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 .....
Student Embalmer

Signed Gratz Bartholomew

Licensed Embalmer No. 3173

P. O. Address Rock Port, 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 this body is not embalmed, fact should be so stated above.