

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27545**

FILED SEP 4 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 1299 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bucklin,</b>		c. CITY OR TOWN <b>Bucklin,</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>75 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>CS-80</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At His Home</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Charles</b>	b. (Middle) <b>Henry</b>	c. (Last) <b>Herriman</b>	(Month) <b>Aug.</b>	(Day) <b>27</b>	(Year) <b>1956</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 8, 1874</b>	9. AGE (in years last birthday) <b>81</b>	IF UNDER 1 YEAR: Months <b>8</b> Days <b>19</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant &amp; Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Business</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Marceline, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Edwin Herriman</b>	13b. MOTHER'S MAIDEN NAME <b>Adeline Augusta Dow</b>	14. NAME OF HUSBAND OR WIFE <b>Lillian M. Herriman</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>488-14-8795</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lillian M. Herriman,</b> ADDRESS <b>Bucklin, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>9 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>Senility</b>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4221</b>	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) (Min.)	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 12-21, 1955, to 8-27, 1956, that I last saw the deceased alive on 8-27, 1956, and that death occurred at 5:00pm., from the causes and on the date stated above.

23a. SIGNATURE <b>B. A. Dinkelbess</b> (Degree or title) <b>U.O.F.</b>	23b. ADDRESS <b>Bucklin Mo</b>	23c. DATE SIGNED <b>8-28-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 29 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery,</b>	24d. LOCATION (City, town, or county) (State) <b>Bucklin, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8-29-1956</b>	REGISTRAR'S SIGNATURE <b>Katharine Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Larson Funeral Service</b> ADDRESS <b>Bucklin, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

167-0

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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.....  


Licensed Embalmer No. 4037.....

P. O. Address Bucklin, Missouri.....

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.