

XC-14 294 624

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28536

REG. NO. 17500

SL 8561

STATE FILE NUMBER

7197

FILED SEP 6 1956

1956318

Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Alexander	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cairo 8120 8 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital		Length of stay in 1b 26 Days	d. STREET ADDRESS 507 Douglas (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last George (none) Herron			4. DATE OF DEATH Month Day Year 8-3-56		
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-9-13	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Policeman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Caruthersville, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Gus Pittmon			14. MOTHER'S MAIDEN NAME Lilly Allen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-11		16. SOCIAL SECURITY NO. 327 18 1039	17. INFORMANT Address VA Hosp. Records., 915 N. Grand, St. Louis, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aneurysm Left Carotid Artery		INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	452x
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY: Hours: Month: Day, Year: p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. Attended the deceased from 7-8-56 to 8-3-56 and last saw <del>her</del> him alive on 8-3-56 Death occurred at 8:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE JAMES M. LANSBURY (Print title) M.D.	22b. ADDRESS VAH, 915 N. Grand, St. Louis, Mo.	22c. DATE SIGNED 8-3-56

23a. BURIAL, CREMATION, OR OTHER DISPOSAL AUG 9 1956	23b. DATE Aug 9, 1956	23c. NAME OF CEMETERY OR CREMATORY Mount City National	23d. LOCATION (City, town, county, state) Mount City Illinois
24. FUNERAL DIRECTOR Robert S. Donaldson	25. DATE RECD. BY LOCAL REG. AUG 4 1956	26. REGISTRAR'S SIGNATURE J. Earl Smith md	

(Licensed Embalmer's Statement on Reverse Side)

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Carlota Rondron*

Licensed Embalmer No. *449*

P. O. Address *Cainell*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.