

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **31111**

FILED SEP 26 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **413**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b>		b. COUNTY <b>Cherokee</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin, Mo.</b>		c. CITY OR TOWN <b>Galena</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>8 hrs.</b>		e. STREET ADDRESS <b>2 1/2 miles east of Galena, Kansas on highway 66</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's</b>					

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>A.</b> c. (Last) <b>Herrelson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 13 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>Sept 5, 1885</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>9</b> IF UNDER 24 HRS. Hours <b>9</b> Min. <b>15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fill. Stat. Oper.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Fill. Station</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Sumner County, Kansas</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Alexander Herrelson</b>	13b. MOTHER'S MAIDEN NAME <b>Deliah Vamer</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha Herrelson</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>511-18-3332</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bertha Herrelson</b>	ADDRESS <b>Galena, Kan.</b>
---	---	---	-----------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute anterior septal myocardial infarction</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary insuff.</b> DUE TO (c) <b>Diabetes mellitus</b>		
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 <b>260x</b>	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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input 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 8, 1955**, to **Sept. 13, 1956**, that I last saw the deceased alive on **Sept. 13, 1956**, and that death occurred at **2:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles S. Davis M.D.</b>	23b. ADDRESS <b>714 Joplin, Galena, Kans.</b>	23c. DATE SIGNED <b>9-14-56</b>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9/13/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Carl Junction Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Galena, Carl Junction, Mo. Kansas</b>
--	--------------------------	--	--

DATE REC'D BY LOCAL REG. <b>9-17-1956</b>	REGISTRAR'S SIGNATURE <b>Noel Merriam</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. E. Tolst</b>	ADDRESS <b>Galena, Kans.</b>
---	---	--	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

526

JUL 2 1956

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 *Steve Parker*

Licensed Embalmer No. 2540

P. O. Address *Wolverine Ave*

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.