

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31572**

FILED OCT 8 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 66

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Pemiscot</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		c. LENGTH OF STAY (in this place) <u>57 Yrs.</u>	c. CITY OR TOWN <u>Caruthersville</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>501 W. 8th. Street</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>501 W. 8th. Street</u>		<u>01820</u>	

<b>3. NAME OF DECEASED</b> a. (First) <u>Charles</u> b. (Middle) <u>E.</u> c. (Last) <u>Herndon</u>			<b>4. DATE OF DEATH</b> (Month) <u>Sept</u> (Day) <u>27</u> (Year) <u>1956</u>
--	--	--	--

<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Feb. 15, 1895</u>	<b>9. AGE</b> (In years) <u>61</u> (If under 1 year, state in weeks, days, hours, mins.)
---------------------------	--------------------------------------	--	--	--

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>U.S. Post Office</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Dyersburg, Tennessee</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
---	--	---	--

<b>13a. FATHER'S NAME</b> <u>Charlie E. Herndon</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Trama B. Newbill</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>X</u>
---	--	---

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>	<b>16. SOCIAL SECURITY NO.</b> <u>496 20 7040</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mayme Culver</u>	<b>ADDRESS</b> <u>200 W. 19th. St. Caruthersville, Mo.</u>
--	---	--	--

<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Occlusion Right Bronchus</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 hrs</u>
	b. <u>atelectasis Rt</u>		
	c. <u>fibrotic pulmonary</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Waetive</u>			<u>5 yrs</u>

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	---

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. CITY, TOWN, OR TOWNSHIP</b> <u>Caruthersville</u>	<b>COUNTY</b>	<b>(STATE)</b>
---	---	---	---------------	----------------

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
---	---	-----------------------------------

22. I hereby certify that I attended the deceased from Sept 20, 1956, to Sept 21, 1956, that I last saw the deceased alive on Sept 21, 1956 and that death occurred at 0:45 a.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Dr. H. S. Smith</u>	<b>23b. ADDRESS</b> <u>Caruthersville, Mo.</u>	<b>23c. DATE SIGNED</b> <u>9/27/56</u>
--	--	--

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Sept. 26, '56</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Little Prairie Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Caruthersville, Mo.</u>
--	---------------------------------------	--	---

<b>DATE REC'D BY LOCAL REG.</b> <u>Oct 1, 1956</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Fred B. Wilke</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>H.S. Smith</u>	<b>ADDRESS</b> <u>Funeral Home C'ville, Mo.</u>
--	---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

247-0

10-260-56

OCT 5 - 1956

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

OCT 8  
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 *W. Oliver Fike*

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville*

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.