Health, Welfare Public Service

300
1-56

FILED NOV 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33131
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 345

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) University Hosp. — Length of stay in 1b 28 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Caruthersville 0782 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 302 E 13th St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Bert Middle Last Herron

4. DATE OF DEATH Month Oct. Day 31 Year 1956.

5. SEX Male
6. COLOR OR RACE Colored
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH 7-18-1876
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months 3 Days 13 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager
10b. KIND OF BUSINESS OR INDUSTRY Fastening
11. BIRTHPLACE (City and state or country) Carroll Mines
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Herron
14. MOTHER'S MAIDEN NAME Jane Austin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Address University Hospital, Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ 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 ☒ NO ☐

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

21. I attended the deceased from October 4, 1956, to October 31, 1956 and last saw ~~her~~ him alive on October 31, 1956
Death occurred at 8:07 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jason Ned Smith Jr. MD
22b. ADDRESS University Hospital Columbia, Missouri
22c. DATE SIGNED 10-31-56.

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11-4-56
23c. NAME OF CEMETERY OR CREMATORY Morgan Ridge
23d. LOCATION (City, town, or county) Caruthersville (State) MO

24. FUNERAL DIRECTOR Victor Brown ADDRESS Columbia Mo
25. DATE RECD. BY LOCAL REG. Nov 2 1956
26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

21-0

DEC 9 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Tom McHar

Licensed Embalmer No. 4

P. O. Address.....Colum

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