

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

3612

State File No.

FILED MAR 6 1957

BIRTH NO. REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5013 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jackson</u>		c. CITY OR TOWN <u>Savannah</u>	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)		e. STREET ADDRESS (If rural, give location) <u>402 n 2-1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Township</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Russell</u>	b. (Middle) <u>Allen</u>	c. (Last) <u>HERMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-22-57</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7-23-1902</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>29</u>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Herman Oil Company</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Holt Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles J Herman</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Vaughn</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Herman</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>207-05-8488</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pearl Herman Savannah Mo</u>	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Concussion</u>		<u>immediate</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Skull Fracture</u> DUE TO (c) <u>Automobile accident</u>		" "
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson township, Andrew, Mo.</u>
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21d. TIME (Month) (Day) (Year) (Hour) (P.M.) OF INJURY <u>Feb. 22 1957 8:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Lost control of pickup truck on snowy highway</u>
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22. I hereby certify that I attended the deceased from July 1948, to Nov. 6 1956, that I last saw the deceased alive on Feb. 10, 1957, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. E. Maxwell, D.O., Coroner</u>	23b. ADDRESS <u>307 W. Main, Savannah, Mo.</u>	23c. DATE SIGNED <u>2/22/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-25-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Oregon, Mo</u>
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DATE REC'D BY LOCAL REG <u>2-28-57</u>	REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home Savannah Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 13 1957

JUN 8 1958

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 *E. C. Breit*

Licensed Embalmer No. *2652*

P. O. Address *Sacramento*

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.