

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27314**Registrar's No. **28**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 6294		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Greene		c. LENGTH OF STAY (In this place) 55 yrs.		c. CITY OR TOWN _____		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) Greene Township 6294 1130			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Edward		c. (Last) Herndon		4. DATE OF DEATH (Month) (Day) (Year) July 5, 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 16, 1868	
9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during the past working life, even if retired) Farmer - Vet.		11. BIRTHPLACE (City and State or Foreign Country) (Unknown)		12. CITIZEN OF WHAT COUNTRY? U. S.	
10b. KIND OF BUSINESS OR INDUSTRY Farm owner		13a. FATHER'S NAME Johnathan Stevens Herndon		13b. MOTHER'S MAIDEN NAME Laura Matilda Holaday		14. NAME OF HUSBAND OR WIFE Delora Ann Herndon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Karl Herndon - Parnell, Missouri			
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, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Coronary Disease Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Sensitized Arterio-sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH Sudden 2 weeks				19a. DATE OF OPERATION _____			
19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 2 YES ☐ NO ☒			
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) 4201		21f. HOW DID INJURY OCCUR _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from 7-2 , 1957, to 7-5 , 1957, that I last saw the deceased alive on 7-2 , 1957, and that death occurred July m., from the causes and on the date stated above.			
23a. SIGNATURE W. R. Jackson, M.D.		23b. ADDRESS Marionville, Mo.		23c. DATE SIGNED 7-7-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-7-1957		24c. NAME OF CEMETERY OR CREMATORY St. Vernon Cemetery		24d. LOCATION (City, town, or county) (State) Worth County, Missouri	
DATE REC'D BY LOCAL REG. 7-18-1957		REGISTRAR'S SIGNATURE Leta E. Dawson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arch C. Dunfee, Arant City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 27 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 Arch C. Dunfee, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Arch C. Dunfee

Licensed Embalmer No. 3257

P. O. Address Leont City

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.