FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27852
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 534 Registrar's No. 278

1. PLACE OF DEATH
a. COUNTY Near Home St Thomas Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage Township — Inside Limits Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Miles North St Thomas — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Cole
c. CITY OR TOWN — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS 2 mi North St Thomas (If outside city, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Theordore Middle: — Last: Herigon

4. DATE OF DEATH Month: Aug. Day: 18 Year: 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH January 30 1891
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 6 Days 18 IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME Simon Herigon
13b. MOTHER'S MAIDEN NAME Margaret Kerx
14. NAME OF HUSBAND OR WIFE Sophia Prenger Herigon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War # 1
16. SOCIAL SECURITY NO. 489-42-9585
17. INFORMANT Raymond Herigon Address St Thomas Mo

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) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

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, Month, Day, Year a.m. p.m.
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

7:00 AM

21. I attended the deceased from Aug 18, 1957 to Aug 18, 57 and last saw him alive on Aug 18-57
Death occurred at 8 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lucian A. Taylor (Degree or title) M.D.
22b. ADDRESS Jefferson City Mo
22c. DATE SIGNED 8-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug. 20 1957
23c. NAME OF CEMETERY OR CREMATORY Parish Cemetery
23d. LOCATION (City, town, or county) St Thomas Cole (State) Mo

24. FUNERAL DIRECTOR Victor Buesche ADDRESS JC Mo
25. DATE RECD. BY LOCAL REG. 27 Aug 1957
26. REGISTRAR'S SIGNATURE R. G. Dorris, MD-NR

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

AUG 30 1952

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 Victor Bresche

Licensed Embalmer No. 3701

P. O. Address Yc Mo

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.