

FILED DEC 2 - 1957

STANDARD CERTIFICATE OF DEATH

39131

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 117

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Butler</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Butler Rt 2'</b>	
c. FULL NAME OF (If NOT in hospital record) <b>Butler Hospital</b>		Length of stay in 1b <b>1 day</b>		d. STREET ADDRESS (If outside, give location) <b>Shawnee Twp.</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>William Herman</b>			4. DATE OF DEATH Month <b>Nov</b> Day <b>7</b> Year <b>1957</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <b>Feb 7 1877</b>		9. AGE (In years of birthday) <b>80</b>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Bates Co, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Andrew Herman</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Baummunk</b>	
14. NAME OF HUSBAND OR WIFE <b>Elsie Herman</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494 40 5776</b>	
17. INFORMANT <b>Elsie Herman</b>		Address <b>Rt. 2 Butler, Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute coronary thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Generalized atherosclerosis</b> DUE TO (c) <b>Diabetes mellitus.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None</b>					INTERVAL BETWEEN ONSET AND DEATH <b>8 hours</b>  <b>10 yrs.</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>None</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>None</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <b>None</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <b>None</b>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	
20f. CITY, TOWN, OR LOCATION <b>Butler</b>		COUNTY <b>Missouri</b>		STATE <b>Missouri</b>	
21. I attended the deceased from <b>11/30/57</b> to <b>11/7/57</b> and last saw him alive on <b>11/7/57</b> . Death occurred at <b>11:30</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Joseph P. Howard</i>				22b. ADDRESS <b>Butler, Mo</b>	
22c. DATE SIGNED <b>11/8/57</b>				22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-10-1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oakhill Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Butler, Mo.</b>		23e. (State)		23f. (State)	
24. FUNERAL DIRECTOR <b>Culver-Underwood</b>		ADDRESS <b>Butler, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>NOV-10-57</b>	
26. REGISTRAR'S SIGNATURE <i>Randall Kanny</i>					

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Robert G. Steenbergh* .....

Licensed Embalmer No. *4657* .....

P. O. Address *Butte, 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.