

FILED DEC 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44056
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1021

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OZARK	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ROMANCE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSPITAL		Length of stay in lb 4 days	d. STREET ADDRESS (If outside, give location) 0778
3. NAME OF DECEASED (Type or print) First KENNETH Middle Last HERIFORD		4. DATE OF DEATH Month Day Year October 20, 1957	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/7/13
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME LeRoy Heriford	
14. MOTHER'S MAIDEN NAME Nellie Piland		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. Yes		17. INFORMANT Address Neva Heriford, Romance, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL EMBOLISM			INTERVAL BETWEEN ONSET AND DEATH about 24 hrs.
DUE TO (b) Pulmonary Vein Thromboses, suspected			(Unknown)
DUE TO (c) 332 X A			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Pulmonary Tuberculosis with Thoracoplasty			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 10/17/57 to 10/20/57 and last saw her/him alive on 10/19/57 . Death occurred at 7:09 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Of doctor or title) <i>[Signature]</i>		22b. ADDRESS Springfield, Missouri	
22c. DATE SIGNED 10/20/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/24/57	
23c. NAME OF CEMETERY OR CREMATORY Thornfield		23d. LOCATION (City, town, or county) (State) Thornfield, Missouri	
24. FUNERAL DIRECTOR Winkingbeard Funeral Home, Ava, Mo.		25. DATE RECD. BY LOCAL REG. 10/22/57	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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. Coroner cannot certify to a death due to natural causes.

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MAY 12 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 *Lewis D. Schaefer*

Licensed Embalmer No. 289

P. O. Address *Springfield*

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