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FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

680

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 5303 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Jefferson City R#2 — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Jefferson Township — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City R#2 — Inside Limits Yes ☑ No ☑
d. STREET ADDRESS (If outside, give location) Jefferson Township — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First William Middle Theodore Last Herx

4. DATE OF DEATH Month Day Year Jan 4, 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH Dec 28, 1870
9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR Months 0 Days 6 — IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME Theodore Herx
13b. MOTHER'S MAIDEN NAME Catherine Lock
14. NAME OF HUSBAND OR WIFE Anna Leuckenotte

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs Louis Deorhott Address JC Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive cardio Vasc. Disease
DUE TO (c) Senility 443X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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

21. I attended the deceased from Feb 4. 1957 Jan 4-58 and last saw her/him alive on Jan 1-58
Death occurred at 11:30 P. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J A Ossman MD
22b. ADDRESS Jeff. City — Mo
22c. DATE SIGNED 1-7-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1/7/58
23c. NAME OF CEMETERY OR CREMATORY St Anthony
23d. LOCATION (City, town, or county) (State) St Anthony Mo.

24. FUNERAL DIRECTOR Sylvester Dulle ADDRESS JC Mo
25. DATE RECD. BY LOCAL REG. 8 January 1958
26. REGISTRAR'S SIGNATURE R. P. Dorris, MD NR

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Sylvester Quille

Licensed Embalmer No. 4321

P. O. Address Jefferson 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.