

FILED JAN 14 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 5703 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY OR TOWN <u>Chula Rural - Medecross Twp.</u>	c. LENGTH OF STAY (In this place) <u>Life time</u>	c. CITY OR TOWN <u>Chula</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 mi N.E. Chula</u>		e. STREET ADDRESS (If rural, give location) <u>7 mi N.E. Chula</u> <span style="float: right;">0590</span>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Austin</u> c. (Last) <u>Herbert.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 3 1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 19 1888</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Livingston County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Frank Herbert</u>	13b. MOTHER'S MAIDEN NAME <u>Deem Shelton</u>	14. NAME OF HUSBAND OR WIFE <u>Grace Vold Herbert.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>496-42-4535</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Grace Herbert Chula Mo</u>	ADDRESS <u>163X</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Right Lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about 12 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>about 6 mo ago.</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Right Lung</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15, 1958, to Jan 3, 1958, that I last saw the deceased alive on Jan 2, 1958, and that death occurred at 10:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph F. Cole M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Chullicathe, Mo</u>	23c. DATE SIGNED <u>1-4-58.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/6/1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plainview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chula Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-4-58</u>	REGISTRAR'S SIGNATURE <u>Frances A. Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.T. Robertson</u>	ADDRESS <u>Funeral Home Chula Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1715

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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 *J. M. Robertson*

Licensed Embalmer No. *4388*

P. O. Address *Laredo, Tex.*

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.