

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006630  
STATE FILE NUMBER

FILED FEB 25 1958

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 6

300  
-57

1. PLACE OF DEATH a. COUNTY <b>OSAGE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Osage</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CRAWFORD</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Linn</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At Home</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>Crawford Twp</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>CHARLES FRANKLIN HERNDON</b>			4. DATE OF DEATH Month Day Year <b>Feb 15 1958</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>Sept 15, 1865</b>		9. AGE (In years last birthday) <b>91</b> IF UNDER 1 YEAR Months <b>5</b> Days <b>1</b> Hours <b>0</b> IF UNDER 24 HRS. Mins. <b>0</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rtd Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Morrison, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
13a. FATHER'S NAME <b>William Herndon</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Feagans</b>	14. NAME OF HUSBAND OR WIFE <b>Lulu Evans Herndon</b>

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs. Lulu Herndon Linn, Mo. R D</b>
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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>Hypostatic Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>72 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerotic heart disease - Congestive failure</b>	
	DUE TO (c) <b>failure</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4200</b>		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
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21. I attended the deceased from 1-27-58 to 2-15-58 and last saw <sup>her</sup>him alive on 2-15-58  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title) <b>Thomas W. Baldwin D.O.</b>	21b. ADDRESS <b>Linn, Mo.</b>	21c. DATE SIGNED <b>2/17/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/18/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Linn Memorial Park</b>	23d. LOCATION (City, town, or county) (State) <b>Linn, Mo.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Morton Funeral Home - Linn, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>FEB. 19-1958</b>	26. REGISTRAR'S SIGNATURE <b>T. W. Baldwin</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Vernon M. Matton* .....

Licensed Embalmer No. *4125* .....

P. O. Address *Levin MW* .....

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.