

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013027
STATE FILE NUMBER

FILED MAR 25 1958

Registration District No. 374 Primary Registration District No. 6274 Registrar's No. 15

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Worth County Missouri</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Middlefork township</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 miles south of Worth-30-years</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u> c. CITY OR TOWN <u>Worth Missouri</u> d. STREET ADDRESS (If outside, give location) <u>on- I69</u>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Allison</u> Last <u>Hern</u>		4. DATE OF DEATH <u>March-9-1958</u> Month <u>March</u> Day <u>9</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>October-10-1886</u>
9. AGE (If years last birthday) <u>71</u> IF UNDER 1 YEAR: Months <u>1</u> Days <u>29</u> IF UNDER 24 HRS.: Hours <u> </u> Min. <u> </u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u> 100. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	
11. BIRTHPLACE (City and state or country) <u>Worth County 0</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Herry Hern</u> 14. MOTHER'S MAIDEN NAME <u>Amelia Jane Thompson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>None</u> 17. INFORMANT <u>Marie Hern Worth Missouri</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>a few minutes</u> <u>4201</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
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 _____ 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 <u>1952</u> to <u>Mar 9, 58</u> and last saw ^{her} him alive on <u>MAR '8</u> Death occurred at <u>7p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>FRANK B. MATTESON M.D.</u>		22b. ADDRESS <u>Grant City, Mo</u>	
22c. DATE SIGNED <u>3/11/58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>March 11-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Grant City Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>John Andrews Grant City Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>March 18, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>	

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 John Andrews....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Andrews.....

Licensed Embalmer No. 42

P. O. Address Grant Ci.

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.