

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015910
STATE FILE NUMBER
3485

FILED APR 18 1958

318

1003

Registration District No. Primary Registration District No. Registrar's No.

| | | | | | | | | | |
|--|--|--|---|---|---|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MADISON | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN GRANITE CITY | | 8128 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEWISH HOSPITAL | | | Length of stay in 1b 49 DAYS | | d. STREET ADDRESS KIRKPATRICK 2303 HOMES | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First JOSEPH Middle HERNDON Last HERNDON | | | | 4. DATE OF DEATH Month 3 Day 25 Year 1958 | | | | | |
| 5. SEX MALE | | 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 12-19-1878 | | 9. AGE (In years last birthday) 79 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED | | 10b. KIND OF BUSINESS OR INDUSTRY REILEY TAR | | 11. BIRTHPLACE (City and state or country) WILLOW SPRINGS, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | | |
| 13. FATHER'S NAME JOSEPH NEWTON HERNDON | | | | 14. MOTHER'S MAIDEN NAME IDA PRUITT | | | | | |
| 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. 355-03-8011 | | 17. INFORMANT Address 9202 Artline Hester Herndon Overland, Mo. | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Stenosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Spinal Anesthesia. DUE TO (c) 4501 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) While being operated on for amputation of left leg at Jewish Hospital on March 25, 1958 | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 20a. ACCIDENT <input checked="" 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, item 18) While being operated on for amputation of left leg at Jewish Hospital on March 25, 1958 | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20c. TIME OF INJURY 1:30 p. m. | | Hour Month, Day, Year 3 1958 | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 12 Hospital | | 20f. CITY, TOWN, OR LOCATION EDWARDSVILLE | | STATE ILLINOIS | |
| 21. I attended the deceased from 1:30 p. m. to 3:30 p. m. and last saw her/him alive on 3/26/58 Death occurred at 12 Hospital and to the best of my knowledge, from the cause stated. | | | | 22a. SIGNATURE Joseph M. [unclear] | | 22b. ADDRESS 1200 [unclear] | | 22c. DATE SIGNED 3/26/58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 23b. DATE 3-26-58 | | 23c. NAME OF CEMETERY OR CREMATORY SUNSET HILL | | 23d. LOCATION (City, town, or county) (State) EDWARDSVILLE, ILLINOIS | | | |
| 24. FUNERAL DIRECTOR Frank [unclear] Granite City | | | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. MAR 26 '58 | | 26. REGISTRAR'S SIGNATURE Carl Smith, MD | |

Obtained - Amputation due to arteriosclerosis heart condition
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

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 *Charles E. Moore*.....

Licensed Embalmer No. *2*.....

Granite City
P. O. Address.....

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.