

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-18764
STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City, Mo.		c. CITY OR TOWN Webb City, Mo. 0492	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 329 S. Penn S.		d. STREET ADDRESS (If outside, give location) 329 S. Penn St.	
3. NAME OF DECEASED (Type or print) First Middle Last Minnie J. Leah Herrod		4. DATE OF DEATH Month Day Year June 1, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 18, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 81
11. BIRTHPLACE (City and state or country) Anderson Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Wiles		13b. MOTHER'S MAIDEN NAME Harriet Longmire	14. NAME OF HUSBAND OR WIFE Albert Herrod
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.	17. INFORMANT Address Mrs. Lloyd G. Poole Jefferson City 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) CORONARY OCCLUSION			INTERVAL BETWEEN ONSET AND DEATH INSTANTLY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY ARTERIOSCLEROSIS			UNKNOWN
DUE TO (c) 4201			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) SINILITY			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 5/5/58 to 6/1/58 and last saw her alive on 6/1/58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) V. Wells, M.D.		22b. ADDRESS Webb City, Missouri	22c. DATE SIGNED 6/2/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 3, 1958	23c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery	23d. LOCATION (City, town, or county) (State) Webb City, Missouri
24. FUNERAL DIRECTOR Johnston-Arnice-Simpson Mortuary Webb City, Mo.		25. DATE RECD. BY LOCAL REG. 6-3-58	26. REGISTRAR'S SIGNATURE Mrs. Madeline Sirtgen

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Date Filed JUN 9 1958

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 Harvey E. Arnce

Licensed Embalmer No. 4463
P. O. Address West City, Mo.

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.

STANDARD CERTIFICATE OF DEATH

58-18764
STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If not known, Residence before death) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City, Mo.		c. CITY OR TOWN Webb City, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 329 S. Penn St.		d. STREET ADDRESS (If outside, give location) 329 S. Penn St.	
Length of stay in hospital or institution 68 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Minnie Middle Leah Last Herrod		4. DATE OF DEATH Month June Day 1 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 18, 1876
9. AGE (In years last birthday) 81	10. USUAL OCCUPATION (Show kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Anderson Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ELIJAH S. Wallace		13b. MOTHER'S MAIDEN NAME Harriet Longaire	
14. NAME OF HUSBAND OR WIFE Albert Herrod		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give or approximate) (If yes, give year or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Lloyd G. Poole Jeff. rson City 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) CORONARY OCCLUSION			INTERVAL BETWEEN ONSET AND DEATH INSTANTLY
DUE TO (b) CORONARY ARTERIOSCLEROSIS DUE TO (c) 421			UNKNOWN
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
SINILITY			
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 _____ M. _____ P. _____			
20d. INJURY OCCURRED WHILE AT <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 Webb City, Missouri
20g. COUNTY Jasper		20h. STATE Missouri	
21. I attended the deceased from 5/6/58 to 6/1/58 and last saw her alive on 6/1/58 Death occurred at _____ as on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Typed name) <i>Mrs. Nellie M. Poole</i>		22a. ADDRESS Webb City, Missouri	22b. DATE SIGNED 6/2/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 3, 1958	23c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery	23d. LOCATION (City, town, or county) (Street) Webb City, Missouri
24. FUNERAL DIRECTOR Johnston-Arnice-Sigmon Mortuary	ADDRESS Webb City, Missouri	25. DATE REC'D BY LOCAL REG. 6-3-58	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Smitgen</i>

13a Corrected by affidavit of daughter on March 8, 1966

Webb City, Mo.

(Licensed Embalmer's Signature on Reverse Side)

