

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021321
STATE FILE NUMBER

FILED JUN 16 1958

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 175

| | | | | | |
|--|---------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Cole | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Crawford Township 07680 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital | | Length of stay in 1b 3 days | d. STREET ADDRESS (If outside, give location) Chamois, Mo., Rfd | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First JAMES Middle ROBERT Last HERNDON | | | 4. DATE OF DEATH Month JUNE Day 13, 1958 Year | | |
| 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 June 22, 1888 | 9. AGE (In years last birthday) 69 | FUNDER 1 YEAR Months 11 Days 21 IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Education | 11. BIRTHPLACE (City and state or country) Linn, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Billy Herndon | | 13b. MOTHER'S MAIDEN NAME ADER DESSIEUX | | 14. NAME OF HUSBAND OR WIFE Verda Baker Herndon | |
| 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. 495 40 8827 | | 17. INFORMANT Address Mrs. J. R. Herndon, Chamois, Mo. Rd | |
| 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>Cerebral Vascular Accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u>331X</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>Indefinite</u> |
| 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 <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK | | 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>5-13-58</u> to <u>6-2-58</u> and last saw her alive on <u>6/2/58</u> Death occurred at <u>St Marys 10:15 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>John D. Neuhoff, MD</u> | | | 22b. ADDRESS <u>302 E. 1st</u> | | 22c. DATE SIGNED <u>6-14-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>June 16, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oklahoma Christian</u> | | 23d. LOCATION (City, town, or county) (State) <u>Osage County, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Clyde Morton</u> | | ADDRESS <u>Linn, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>14 June 1958</u> | 26. REGISTRAR'S SIGNATURE <u>R. P. Dorrie, MD-MR</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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JUN 20 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 *Vernon M. Weston*

Licensed Embalmer No. *4125*

P. O. Address *Linn, 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.