

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028164
State File No.

FILED AUG 19 1958

BIRTH NO. REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Mo.</u> b. COUNTY <u>Ballinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lutesville</u>		c. LENGTH OF STAY (in this place) <u>20 yrs.</u>	c. CITY OR TOWN <u>Lutesville</u> ⁰⁰⁹⁰
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Baker</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Herrell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 9 1958</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 22, 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	9. AGE (in years last birthday) <u>67</u> ⁵ ₁₈ ⁰ ₁₈
11a. BIRTHPLACE (City and State or Foreign Country) <u>Greenbrier, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>J. E. Herrell</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wolf</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Herrell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>488-09-3766</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida Herrell</u>
		ADDRESS <u>Lutesville</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Profound shock</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>acute</u> <u>acute</u> <u>chronic</u> <u>6 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Exsanguination into mediastinum</u> DUE TO (c) <u>Ruptured aortic aneurysm</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral thrombosis</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>022X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 1958 to Aug 9, 1958, that I last saw the deceased alive on Aug 9, 1958, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>William J. Freitas, M.D.</u>	23b. ADDRESS <u>Lutesville, Missouri</u>	23c. DATE SIGNED <u>8-11-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 11, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bollinger Co Memorial</u>
24d. LOCATION (City, town, or county) (State) <u>Lutesville Mo.</u>		

DATE REC'D BY LOCAL REG. <u>8/13/58</u>	REGISTRAR'S SIGNATURE <u>Mrs. Buford Cramer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home</u>	ADDRESS <u>Lutesville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 20 1968

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 *J. E. Graham*.....

Licensed Embalmer No. *4010*.....

P. O. Address *Lutesville*.....

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.