

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031815
STATE FILE NUMBER

FILED OCT 14 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1063

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR E. Parkway 15 ft INSTITUTION West of road.		Length of stay in lb Lifetime	d. STREET ADDRESS 3014 Mitchell Ave
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Kenneth Merrill Herman			4. DATE OF DEATH Month Day Year October 5, 1958.		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 31, 1917	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture dealer	10b. KIND OF BUSINESS OR INDUSTRY Herman & Sons	11. BIRTHPLACE (City and state or country) St. Joseph, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Harry Herman	13b. MOTHER'S MAIDEN NAME Flora Leibling	14. NAME OF HUSBAND OR WIFE Jeanne Weil Herman
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW #2.	16. SOCIAL SECURITY NO. 491-09-1869	17. INFORMANT Mrs. Jeanne Weil Herman	Address St. Joseph, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic shock + intracranial hemorrhage.		INTERVAL BETWEEN ONSET AND DEATH none
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) gunshot wound of head	none
	DUE TO (c) _____	976X
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"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self-inflicted gunshot wound of head.
20c. TIME OF INJURY Hour a.m. Month, Day, Year about 7:00 pm Oct 5 58	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Park.	20f. CITY, TOWN, OR LOCATION Saint Joseph	COUNTY Buchanan	STATE Mo
21. I attended the deceased from <u>Unwed body</u> and last saw ^{them} <u>Oct 5 58</u>		Death occurred at <u>About 7 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) D. S. E. Meloney M.D. Coroner	22b. ADDRESS 214 Kirkpatrick Bldg	22c. DATE SIGNED Oct 5 58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 7, 1958.	23c. NAME OF CEMETERY OR CREMATORY Adath Joseph Cemetery	23d. LOCATION (City, town, or county) St. Joseph, Missouri.
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24. FUNERAL DIRECTOR Meuchoffer, Fleeman by [Signature]	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Oct. 7, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Handell
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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.
Dr. S. E. Meloney

1961 2 p 1961

OCT 16 1961

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 *Albert R Harrington*

Licensed Embalmer No. 3258 P. O. Address St. Joseph, 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.