

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032722

STATE FILE NUMBER

4469

FILED OCT 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

3. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>527 Gladstone</u>		Length of stay in lb. <u>15 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>527 Gladstone Blvd.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ORVILLE</u> Middle <u>L.</u> Last <u>HERRING</u>			4. DATE OF DEATH Month <u>9</u> Day <u>20</u> Year <u>58</u>			
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5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-2-1903</u>	9. AGE (In years last birthday) <u>54</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and state or country) <u>Guilford, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Andrew A. Herring</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Weatherman</u>	14. NAME OF HUSBAND OR WIFE <u>Margatha Herrington</u>
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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>513-01-9959</u>	17. INFORMANT <u>Mrs. Chas Mathis 5004 Norledge</u> Address _____
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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) <u>Coronary occlusion and anoxemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u>		<u>5 years</u>
DUE TO (c) _____		
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"/>

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.) <u>49-1</u>
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20c. TIME OF INJURY Hour _____ 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 _____
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21. I attended the deceased from <u>January 30, 1953</u> , to <u>September 20, 1958</u> at <u>his</u> home. I saw <u>her</u> alive on <u>September 18, 1958</u> . Death occurred at <u>10:45</u> <u>A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>C. Anderson</u> Degree or title <u>D.O.</u>	22b. ADDRESS <u>Kansas City, Missouri</u> <u>2425 Independence Blvd.</u>	22c. DATE SIGNED <u>9-21-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9-27-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Graves Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Guilford, Mo</u>
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24. FUNERAL DIRECTOR <u>C. N. Blackman & Son N.C., Mo</u> ADDRESS _____	25. DATE RECD. BY LOCAL REG. <u>9-27-58</u>	26. REGISTRAR'S SIGNATURE <u>Wes Marshall</u>
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All diseases in Part I must be causally related. Measure only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

C. S. Anderson

MEDICAL CERTIFICATION

22

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 *Bert B. Bennett*

Licensed Embalmer No. *4656*

P. O. Address *N. C., N. C.*

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.