

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032723
STATE FILE NUMBER

FILED OCT 1 1958 Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 4377

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Prairie Village 815 8
c. FULL NAME OF (If NOT in hospital or institution) HOSPITAL OR INSTITUTION 3400 Campbell		Length of stay in lb Unk.	d. STREET ADDRESS (If outside, give location) 4808 W. 79th
3. NAME OF DECEASED (Type or print) First Middle Last LYDA. C. HERWIG			4. DATE OF DEATH Month Day Year Sept. 15, 1958
5. SEX Female	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-16-1881
9. AGE (In years at last birthday) 77		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Albert Ramsey	
13b. MOTHER'S MAIDEN NAME Elizabeth Weaver		14. NAME OF HUSBAND OR WIFE Harry F. Herwig	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 214-01-2106	17. INFORMANT Address Carroll F. Herwig KANS. Prairie Village
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Demorrhage from brain			INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma Colon			6 mos.
DUE TO (c)			1538
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 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 10/28/57 to 9/15/58 and last saw her alive on 9/4/58 . Death occurred at 8:15 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Claude Farley MD		22b. ADDRESS 4526 Poso Keno	
22c. DATE SIGNED 9/15/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-15-58	23c. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	23d. LOCATION (City, town, or county) (State) Baltimore, Maryland
24. FUNERAL DIRECTOR ADDRESS E. Paul Amos Shawnee, Kansas		25. DATE RECD. BY LOCAL REG. 9-15-58	26. REGISTRAR'S SIGNATURE new Marshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Eugene P. Amos*
Eugene P. Amos

Licensed Embalmer No. 5023

P. O. Address Shawnee, Kans

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.