

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036949  
STATE FILE NUMBER

FILED OCT 22 1958 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lebanon</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Lebanon</b> 0530
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wallace Hospital</b>		Length of stay in lb <b>2 DAYS</b>	d. STREET ADDRESS <b>Route # 3</b> (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last <b>Frank W Herndon</b>			4. DATE OF DEATH Month Day Year <b>Oct. 11, 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 25, 1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lawyer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LAW</b>	11. BIRTHPLACE (City and state or country) <b>Lebanon, Mo.</b>
13a. FATHER'S NAME <b>J. M. Herndon</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Vernon</b>	14. NAME OF HUSBAND OR WIFE <b>Camille Herndon</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>yes</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>John H. Herndon Midwest City, Okla</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart disease</b>			yrs.
DUE TO (c) <b>4200</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cerebral vascular accident 8 yrs. ago.</b>			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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>1952</b> , to <b>10-11-58</b> and last saw him alive on <b>10-9-58</b> Death occurred at <b>8:30 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>B B Hurst, M.D.</b> (Degree or title)		22b. ADDRESS <b>Lebanon, Mo.</b>	22c. DATE SIGNED <b>10-13-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10/14/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lebanon City Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Lebanon, Missouri</b>
24. FUNERAL DIRECTOR <b>S. R. Palmer</b> ADDRESS <b>Lebanon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-14-1958</b>	26. REGISTRAR'S SIGNATURE <b>Hella L. Hays</b>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 22 1958

Received OCT 20 1958

Laclede County Health Unit

File No. 145

Date Filed OCT 20 1958

JAN 5 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 S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon

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.