

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038617
STATE FILE NUMBER

FILED NOV 13 1958

Registration District No. 356 Primary Registration District No. 6209 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY TEXAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Houston		c. CITY OR TOWN Houston	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mi South of Houston		d. STREET ADDRESS (If outside, give location) 1070 ADDRESS 0	
3. NAME OF DECEASED (Type or print) First LOUISA Middle Last HERZOG		4. DATE OF DEATH Month 11-2-58 Day Year UNKOWN 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-22-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Houston, MO.
13a. FATHER'S NAME JAMES ELMORE		13b. MOTHER'S MAIDEN NAME MARY ELIZABETH HARRIS	14. NAME OF HUSBAND OR WIFE FRED HERZOG
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT Address FRED HERZOG Houston, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) exposure			INTERVAL BETWEEN ONSET AND DEATH approx. 4 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			9338 46
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 checked="" 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 AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION 107 COUNTY STATE	
21. I viewed the deceased on Nov. 2-58 to Nov. 7-58 and last saw her alive on _____ Death occurred at sometime Nov. 7-58 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James L. Neuter (Coroner)		22b. ADDRESS Calool, Mo.	
		22c. DATE SIGNED 11-5-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-5-58	23c. NAME OF CEMETERY OR CREMATORY PINE LAWN CEMETERY	23d. LOCATION (City, town, or county) (State) Houston, MO.
24. FUNERAL DIRECTOR ADDRESS LYNN EVANS Houston, MO.		25. DATE RECD. BY LOCAL REG. Nov. 7-58	26. REGISTRAR'S SIGNATURE Myrtle Craig

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Lewell C. Craig*

Licensed Embalmer No. *10766*

P. O. Address *Mtn. Grove, 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.