

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000459

STATE FILE NUMBER

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 20

1. PLACE OF DEATH

a. COUNTY

Callaway

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Callaway

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN
Fulton

Inside Limits
Yes No

c. CITY
OR
TOWN
Fulton

0143
c

Inside Limits
Yes No

c. FULL NAME OF (IF NOT in hospital, give location)
HOSPITAL OR
INSTITUTION
Callaway Hospital

Length of stay in 1b
12 Days

d. STREET
ADDRESS
819 Center St.

Reside on Farm
Yes No

3. NAME OF DECEASED
(Type or print)

First

Sadocia

Middle

Bennett

Last

Herndon

4. DATE
OF
DEATH

Month

Jan

Day

19

Year

1959

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED NEVER MARRIED
WIDOWED DIVORCED

8. DATE OF BIRTH

May 15, 1880

9. AGE (In years
at birthday)

78

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)
Retired Postmaster

10b. KIND OF BUSINESS OR
INDUSTRY
Postal Service

11. BIRTHPLACE (City and state or country)

Callaway Co., Mo.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

John Otha Herndon

13b. MOTHER'S MAIDEN NAME

Mary Bennett

14. NAME OF HUSBAND OR WIFE

Capitole herndon

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.
None

17. INFORMANT

Mrs. S. B. Herndon

Address

Fulton, 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)

a light stroke

Conditions, if any,
which gave rise to
above cause (a),
starting the under-
lying cause last.

DUE TO (b)

arterio sclerosis

DUE TO (c)

Has had diabetes Mellitus for many years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

INTERVAL BETWEEN
ONSET AND DEATH
about 2 weeks

260X

19. WAS AUTOPSY
PERFORMED?
YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

20d. INJURY OCCURRED
WHILE AT NOT WHILE
WORK AT WORK

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 Jan 5-59 to Jan 19, 59 and last saw him alive on Jan 19-1959
Death occurred at 1345 P in on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. Marcus M. R.

22b. ADDRESS

Fulton Mo

22c. DATE SIGNED

1-21-59

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Jan, 21, 1959

23c. NAME OF CEMETERY OR CREMATORY

Hillcrest Cemetery

23d. LOCATION (City, town, or county)

Fulton

(State)

Mo

24. FUNERAL DIRECTOR

Wallace Funeral Home, Fulton Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

Jan. 21 - 1959

26. REGISTRAR'S SIGNATURE

Maretha Lawrence

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 27 195

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 *Arthur R. Massey*

Licensed Embalmer No. *4996*

P. O. Address *Fulton, 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.