

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004853

STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 25

FILED MAR 6 1959

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Excelsior Springs Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Isom Trailer Court		Length of stay in 1b 2 months	d. STREET ADDRESS (If outside, give location) Isom Trailer Court Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First PHILLIP Middle CHRISTIAN Last HERBIG			4. DATE OF DEATH Month Feb. Day 24, Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 2, 1886	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 1 Days 1 Hours 1 Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Oskaloosa, Iowa	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Phillip Herbig		13b. MOTHER'S MAIDEN NAME Emma Monroe		14. NAME OF HUSBAND OR WIFE None	

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. Unknown	17. INFORMANT Carl Herbig, Excelsior Springs, Missouri
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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) Cerebral Anoxia due to Myocardial failure		INTERVAL BETWEEN ONSET AND DEATH 30 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) due to aneurysm of Aorta	1-24 hours
	DUE TO (c) Arteriosclerotic Heart Disease	16 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus severe Extremities were Unknown.		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 a.m. Month, Day, Year 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 Excelsior Springs, Mo	COUNTY Clay	STATE Missouri
21. I attended the deceased from 1-2-59 to 2/24/59 and last saw him alive on 2/24/59 Death occurred at 7:30 on the date stated above; and to the best of my knowledge from the causes stated.				

22a. SIGNATURE Lucas P. Richards M.D. (Degree or title)	22b. ADDRESS Excelsior Springs, Mo	22c. DATE SIGNED 2/24/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-25-59	23c. NAME OF CEMETERY OR CREMATORY Unknown	23d. LOCATION (City, town, or county) Missoula, Montana

24. FUNERAL DIRECTOR Prichard Funeral Home, Inc. Excelsior Springs, Missouri	25. DATE RECD. BY LOCAL REG. 2/27/59	26. REGISTRAR'S SIGNATURE Berlin Hittinger
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.: must state only standard nomenclature 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 *Reggie Van Landingham*

Licensed Embalmer No. *4009*

P. O. Address *Chelms Springs, 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.