

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010389

STATE FILE NUMBER

FILED MAR 23 1959

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 102

S. 300
1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sedalia</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sedalia Rest Home</u>		Length of stay in 1b <u>4 yrs</u>	d. STREET ADDRESS <u>1168 Jefferson</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Annie M. Herndon</u>			4. DATE OF DEATH Month Day Year <u>3-15-1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-19-1873</u>
9. AGE (In years last birthday) <u>83</u>		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)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife Cooper Co Mo</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. FATHER'S NAME <u>Issac Henderson</u>	
14. MOTHER'S MAIDEN NAME <u>Charlesann Sykes</u>		15. NAME OF HUSBAND OR WIFE <u>James Herndon</u>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. SOCIAL SECURITY NO.	18. INFORMANT Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral apoplexy</u> DUE TO (b) <u>Arteriovascular disease</u> DUE TO (c) <u>334X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a) <u>Left hemiplegia - chronic</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>unknown</u>
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 and in item 18.) <u>334X</u>	
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"/>	
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 <u>Oct 15-54</u> to <u>Mar 15-59</u> and last saw her alive on <u>Mar 13-59</u> Death occurred at <u>7 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A. L. Maddox, M.D.</u>		22b. ADDRESS <u>Sedalia, Mo</u>	
22c. DATE SIGNED <u>3-18-59</u>		23. NAME OF CEMETERY OR CREMATORY <u>Glenwood Cemety</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-19-1959</u>	
23c. LOCATION (City, town, or county) (State) <u>Sedalia Pettis Mo</u>		24. FUNERAL DIRECTOR ADDRESS <u>George Green Marshall Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>Mar 18-1959</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	

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 *Robert H. Green*

Licensed Embalmer No. *4220*

P. O. Address *Marshall, 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.

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