Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012472
STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Knobel 9030 8 — Inside Limits Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Poplar Bluff — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Rt. 1 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print)	First: Wesley	Middle: Augustus	Last: Herring	4. DATE OF DEATH Month Day Year: April 7, 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: Oct. 27, 1910	9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 5, Days 10 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (City and state or country): Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME: Arlie L. Herring	13b. MOTHER'S MAIDEN NAME: Elizabeth Coffer	14. NAME OF ~~HUSBAND~~ OR WIFE: Iva Herring		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----------	16. SOCIAL SECURITY NO. 432-18-6907	17. INFORMANT: Mrs. Iva Herring	Address: Rt. 1 Knobel, Arkansas	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Peritonitis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Perforated sigmoid colon

DUE TO (c) Ulcerative colitis

INTERVAL BETWEEN ONSET AND DEATH: 3-31-59 / 4-7-59

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 5722

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE 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 3-31-59, to 4-7-59 and last saw her/him alive on 4-7-59

Death occurred at 10:25 A M m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature]	22b. ADDRESS: [signature]	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: April 9, 1959	23c. NAME OF CEMETERY OR CREMATORY: Bond Cemetery
23d. LOCATION (City, town, or county) (State): Knobel, Arkansas		
24. FUNERAL DIRECTOR ADDRESS: Russell-Ermert Corning, Ark. Box 377	25. DATE REC'D. BY LOCAL REG.: 4/18/59	26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FILE No.

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 Leslie D. Russell

Licensed Embalmer No. 532

P. O. Address Corning, 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.