Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017226
STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 101 Primary Registration District No. Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: Douglas
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Ava — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Douglas
c. CITY OR TOWN: Ava — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 034 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Willis Middle: Alonzo Last: Herrell

4. DATE OF DEATH: Month May Day 18 Year 1959

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Oct. 3, 1885 **9. AGE** (In years last birthday): 73 — 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): Beatrice Food Co., **10b. KIND OF BUSINESS OR INDUSTRY**: and Farmer **11. BIRTHPLACE** (City and state or country): Ava, Missouri **12. CITIZEN OF WHAT COUNTRY?**: USA

13a. FATHER'S NAME: Ausburn Herrell **13b. MOTHER'S MAIDEN NAME**: Mattie Turner **14. NAME OF HUSBAND OR WIFE**: Bessie Herrell

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.**: 564-09-7753 **17. INFORMANT**: Bessie Herrell, Ava, Missouri — Address

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) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: unk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Coronary Heart Disease
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

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 5-12-59, to 5-17-59 and last saw him alive on 5-18-59. Death occurred at 5.50 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. C. Henry (Degree or title) M.D. **22b. ADDRESS** Ava Mo **22c. DATE SIGNED** 5-18-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 5-20-59 **23c. NAME OF CEMETERY OR CREMATORY**: Mt. Tabor **23d. LOCATION** (City, town, or county) (State): Ava, Missouri

24. FUNERAL DIRECTOR ADDRESS: Clinkingbeard Funeral Home, Ava, Mo. **25. DATE RECD. BY LOCAL REG.**: May 21-59 **26. REGISTRAR'S SIGNATURE**: Vestal Buchman

(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.

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.