

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018129

STATE FILE NUMBER

FILED MAY 26 1959

Registration District No. 156 Primary Registration District No. 200 Registrar's No. 258

300
1-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp.		Length of stay in 1b 50 Years	d. STREET ADDRESS (If outside, give location) 1919 Kentucky
3. NAME OF DECEASED (Type or print) First Middle Last Frederick Randall Herd			4. DATE OF DEATH Month Day Year May 11 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 22 1889
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead and Zinc	11. BIRTHPLACE (City and state or country) Webb City, Missouri
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME James B. Herd	
13b. MOTHER'S MAIDEN NAME Lucy Trout		14. NAME OF HUSBAND OR WIFE -----	
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. 440--03-8139	17. INFORMANT Mrs. Garlene Fair Joplin, Mo. 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) Staph pneumonia right lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Suppurative peritonitis DUE TO (c) Suppurative cholecystitis			INTERVAL BETWEEN ONSET AND DEATH 1 week 1 week 2 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Anthraxosis pulmonary			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 585XG
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE
21. I attended the deceased from 12-22-58 to 5-11-59 and last saw him alive on 5-11-59 Death occurred at 11:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E.O. Martin D.O. F.A. O. S.		22b. ADDRESS 709 Joplin St. Joplin Mo	22c. DATE SIGNED 5-12-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 14 1959	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park
23d. LOCATION (City, town, or county) Joplin, Missouri.		(State)	
24. FUNERAL DIRECTOR urlbut-Glover Mortuary		25. DATE RECD. BY LOCAL REG. Joplin 5-19-1959	26. REGISTRAR'S SIGNATURE Dove Merriam

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Dale Geover*

Licensed Embalmer No.

P. O. Address

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.