

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018517
STATE FILE NUMBER

FILED JUN 15 1959

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 49

300
1-57

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Mc Donald	
b. CITY OR TOWN NEOSHO		c. CITY OR TOWN HANAGAN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SAHE MEM Hosp		d. STREET ADDRESS 060 (If outside, give location)	
Length of stay in lb 8 Hrs		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WAHTER Middle HERRIN Last HERRIN			4. DATE OF DEATH Month 6 - Day 2 - Year 1959		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-14-1892	9. AGE (In years last birthday) 66 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY JAMES		11. BIRTHPLACE (City and state or country) NEOSHO, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S		13a. FATHER'S NAME JAMES HERRIN		13b. MOTHER'S MAIDEN NAME DIXIE ANDERSON	
14. NAME OF HUSBAND OR WIFE EWA HERRIN		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W I.		16. SOCIAL SECURITY NO. 491-01-7474	
17. INFORMANT Mrs Ewa HERRIN		Address HANAGAN Mo			

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 Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 6-8 hours
DUE TO (b) Atherosclerosis		
DUE TO (c) Diabetes Mellitus Chronic Insulin dependent several years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fibrosis (Pulmonary) with Emphysema		19. WAS AUTOPSY PERFORMED? NO 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 .Month, Day, Year a.m. 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 NEOSHO		COUNTY MO STATE MO

21. I attended the deceased from June 2 - 1959 , to June 2 - 1959 and last saw ^{him} him alive on June 2 - 1959 Death occurred at 9:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22. SIGNATURE Melvin C. Borman M.D. (Degree or title)	22b. ADDRESS Neosho, Mo	22c. DATE SIGNED 6-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 6-5-1959	23c. NAME OF CEMETERY OR CREMATORY OAKWOOD CEM	23d. LOCATION (City, town, or county) (State) NEOSHO Mo RT. 2
24. FUNERAL DIRECTOR Humphrey + Son - Home	25. DATE RECD. BY LOCAL REG. 6-10-59	26. REGISTRAR'S SIGNATURE Melvin C. Borman M.D.	

By **Mr R. M.N. River, Mo, Mo.** (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 17 1959

Date Filed JUN 18 1959

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 *Margaret E. Humphreys*

Licensed Embalmer No. *4262*

P. O. Address *Parisville*

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.