URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-033023

STATE FILE NUMBER

FILED VS SEP 23 1959

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 74-59

AMENDED

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neel — Length of stay in 1b: 3yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First Wilbert Middle Harry Last Heriford

4. DATE OF DEATH: Month Sept. Day 13 Year 1959

5. SEX male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-12-1896
9. AGE (last birthday) 63
IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electro Plater
10b. KIND OF BUSINESS OR INDUSTRY retired
11. BIRTHPLACE (City and state or country) Princeton, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Francis Marion Heriford
13b. MOTHER'S MAIDEN NAME Theora DeBolt Trapp
14. NAME OF HUSBAND OR WIFE Ida Heriford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 491-03-7495
17. INFORMANT Ida Heriford Address Neel, Missouri

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) Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) _____
INTERVAL BETWEEN ONSET AND DEATH

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 Jan 1957, to Sept 1959 and last saw him alive on 9/13/59
Death occurred at 12:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. J. Payne (Degree or title) M.D.
22b. ADDRESS Noel, Mo
22c. DATE SIGNED 9/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE Sept. 15-59
23c. NAME OF CEMETERY OR CREMATORY St. Peters
23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR Humphrey & Son ADDRESS Noel, Missouri
25. DATE RECD. BY LOCAL REG. 9-14-59
26. REGISTRAR'S SIGNATURE Mary A. Bradley

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

OCT 20 1959

US NOV 24 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_____ Signed J. M. Humphrey Jr.

Signature of Student Embalmer

Licensed Embalmer No. 4708

P. O. Address Noel, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.