URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-033216
STATE FILE NUMBER

FILED VS SEP 21 1959 Registration District No. 264 Primary Registration District No. ____ Registrar's No. 42

ENDED

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

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

3. NAME OF DECEASED (Type or print): First Rosie Middle Last Herd
4. DATE OF DEATH: Month 9 Day 12- Year 59
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2-24-1870
9. AGE (last birthday): 89
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): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Ozark Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Joe Haskins
13b. MOTHER'S MAIDEN NAME: Susie Jones
14. NAME OF HUSBAND OR WIFE: T. J. Herd
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.: no
17. INFORMANT Address: Austin Herd, Hammond, Mo

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): Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ____
DUE TO (c): ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Gangrene left foot
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 Aug 10, 1959, to Sept 12, 1959 and last saw her/him alive on Sept 10, 1959
Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M J Haerman D D
22b. ADDRESS: Gainesville, Mo
22c. DATE SIGNED: 9-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-13-1959
23c. NAME OF CEMETERY OR CREMATORY: Isabella
23d. LOCATION (City, town, or county) (State): Ozark Co Mo

24. FUNERAL DIRECTOR ADDRESS: Clinkingbeard, Gainesville, Mo
25. DATE RECD. BY LOCAL REG.: 9-17-59
26. REGISTRAR'S SIGNATURE: Thana Graham

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John R. Ivey

Licensed Embalmer No. 4885

P. O. Address Greenville

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