URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-035260

STATE FILE NUMBER

FILED VS NOV 2 1959

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1081

ENDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b 50 years.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1317 Park Lane Drive — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1317 Park Lane Drive — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: Minnie (Minette) Nehls Herschman

4. DATE OF DEATH Month Day Year: Oct. 24, 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Nov.4,1886
9. AGE (last birthday): 72 — 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: At home
11. BIRTHPLACE (City and state or country): Chicago. Illinois .
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Frederick Nehls
13b. MOTHER'S MAIDEN NAME: Caroline
14. NAME OF HUSBAND OR WIFE: Harry C. Herschman

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.: none
17. INFORMANT: Raymond Herschman — Address: St.Joseph, 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 thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3-4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis — Several years
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral thrombosis Oct 1958 with residua

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 10-17-58, to 10-24-59 and last saw her/him alive on D.O.A. 5-6 weeks before
Death occurred at 6:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lucien W. Ide
22b. ADDRESS: 902 Edmond St. Joseph, Mo
22c. DATE SIGNED: 10-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Entombment
23b. DATE: Oct.26,1959
23c. NAME OF CEMETERY OR CREMATORY: Ashland Mausoleum
23d. LOCATION (City, town, or county) (State): St. Joseph, Missouri.

24. FUNERAL DIRECTOR: Meuerhoffer-Fleeman — ADDRESS: St.Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Oct. 27 1959
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF L.W. Ide, M.D. MEDICAL CERTIFICATION

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.