

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-039362**

**FILED VS NOV 19 1959**

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 195

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Clay</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>North Kansas City</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Clay</u>
Length of stay in 1b		c. CITY OR TOWN <u>Liberty</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North Kansas City Memorial Hospital</u>		d. STREET ADDRESS <u>Route #3</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>3. NAME OF DECEASED</b> (Type or print)	First <u>Charles</u>	Middle <u>Herndon</u>	Last	<b>4. DATE OF DEATH</b>	Month <u>11</u>	Day <u>11</u>	Year <u>59</u>
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<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>Cauc</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>10-17-1900</u>	<b>9. AGE (last birthday)</b> <u>59</u>	<b>IF UNDER 1 YEAR</b>	<b>IF UNDER 24 HR</b>
			Months	Days	Hours	Min.

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>farmer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>farm</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Clay County Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Wesley Herndon</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Jennie B</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Never Married</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT</b> <u>Edward Herndon</u>	<b>Address</b> <u>Liberty, Mo.</u>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
IMMEDIATE CAUSE (a)	<u>Hepatic Coma</u>	<u>10 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Primary Carcinoma of liver</u>	<u>3 months</u>
	DUE TO (c)	

<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a)	<b>PART III. If deceased was female was there a pregnancy in last 90 days.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour a.m. p.m.	Month, Day, Year
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<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>	<b>STATE</b>
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21. I attended the deceased from 1948 to 11-11-59 and last saw him alive on 11-11-59  
Death occurred at 1:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>21a. SIGNATURE</b> <u>James L. Hallowell, MD</u>	<b>21b. ADDRESS</b> <u>Liberty, Missouri</u>	<b>21c. DATE SIGNED</b> <u>11-12-59</u>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>23b. DATE</b> <u>11-13-59</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Nefo Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) <u>Clay County, Mo.</u>	<b>(State)</b>
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<b>24. FUNERAL DIRECTOR</b> <u>Church - Archer</u>	<b>ADDRESS</b> <u>Liberty, Mo</u>	<b>25. DATE REG. BY LOCAL REG.</b> <u>11-13-59</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Marquette Hudgens</u>
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UNRECORDED  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

**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 Harold H. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, Mo.

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.