

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

**60-002330**

**FILED VS JAN 26 1960**

171

Primary Registration District No. 5638

Registrar's No. 4

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sniabar Twns</b>		Length of stay in lb <b>60 Yrs.</b>		c. CITY OR TOWN <b>Sniabar Twns.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2 Mi. South of Bares City</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2 Mi. South of Bates City</b>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Harriet</b> Middle <b>Ellen</b> Last <b>Herold</b>				4. DATE OF DEATH Month <b>Jan.</b> Day <b>19,</b> Year <b>1960</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>June 10, 1864</b>	9. AGE (last birthday) <b>95</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Green Co., Ohio</b>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <b>Abraham Peterson</b>			13b. MOTHER'S MAIDEN NAME <b>Naomi Middleton</b>		14. NAME OF HUSBAND OR WIFE <b>I.N. Herold (deceased)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Raymond Herold, Bates City, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory failure</b> <b>Due to cerebral degenerative changes following cerebral hemorrhage.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <b>hemorrhage.</b> DUE TO (c) <b>Atteriosclerosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</b> <b>3 yrs.</b> <b>10</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY	STATE
21. I attended the deceased from <b>1930</b> to <b>Jan. 15, 1960</b> and last saw her/him alive on <b>Jan. 15, 60</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Q. Lester M.W.</i>				22b. ADDRESS <b>Oak Grove, Mo.</b>		22c. DATE SIGNED <b>1-20-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 21, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bates City Cemetery</b>		23d. LOCATION (City, town, or county) <b>Bates City, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Husman-Sparks,</b>		ADDRESS <b>Odessa, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-20-1960</b>	26. REGISTRAR'S SIGNATURE <i>Emma Davidson</i>		

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*William F. Sp...*

Licensed Embalmer No.

*443*

P. O. Address

*Odessa*

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.