

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004695

FILED VS FEB 8 1960

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 21

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u>		Length of stay in 1b <u>1 month</u>		c. CITY OR TOWN <u>Sweet Springs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>County Home</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>101 Lexington Ave</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Fritz</u> Last <u>Herken</u>				4. DATE OF DEATH Month <u>Feb</u> Day <u>5</u> Year <u>1960</u>											
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>June 16, 1890</u>		9. AGE (last birthday) <u>73</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe factory</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Morgan County</u>				11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>				12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME <u>George Herken</u>				13b. MOTHER'S MAIDEN NAME <u>MARY UNKNOWN HAASSE</u>				14. NAME OF HUSBAND OR WIFE <u>Emma Herken</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>487-01-3729A</u>				17. INFORMANT <u>Warner Herken, Sweet Springs, MO</u>				Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerotic heart disease</u>												INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>			
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)										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 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 a.m. 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 <u>Jan. 17 - 2-5-60</u> to <u>Feb. 4 - 60</u> and last saw her him alive on <u>2-4-60</u> Death occurred at <u>7.30</u> on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) <u>C. L. Lawless M.D.</u>						22b. ADDRESS <u>Marshall Mo</u>				22c. DATE SIGNED <u>2-6-60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb 7, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Sweet Springs, MO</u>									
24. FUNERAL DIRECTOR <u>Edgar L. Moseley, Sweet Springs, MO</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>2-6-60</u>		26. REGISTRAR'S SIGNATURE <u>Carl S. Reed</u>							

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 Edgar L. Moseley
Licensed Embalmer No. 4711

P. O. Address Sweet Springs

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.