

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011485

FILED VS. MAR 25 1960 156

Primary Registration District No. 2001

Registrar's No. 127

STATE FILE NUMBER 60-011485

ENDED

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Joplin Mo</u>	Length of stay in 1b <u>2 wks</u>	c. CITY OR TOWN <u>Wentworth</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (NOT in hospital, give location) <u>General Haep</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>700 R 7 D 1</u>

3. NAME OF DECEASED (Type or print) <u>Ella Herren</u>			4. DATE OF DEATH <u>3-5-1960</u>		
First	Middle	Last	Month	Day	Year

5. SEX <u>fe</u>	6. COLOR OR RACE <u>wh</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>9/28/68</u>	9. AGE (last birthday) <u>91</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>Wentworth Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Robert Herren</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Van Vorse</u>	14. NAME OF HUSBAND OR WIFE <u>Robert Herren</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Leonard Herren</u>	Address <u>Wentworth Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Congestive Circulatory Failure</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Compensated Hypertensive Heart Disease</u>	<u>7 days</u>
	DUE TO (c) <u>Senescent Atherosclerosis</u>	<u>Unknown</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>on bowel obstruction 5 days postoperative</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
<u>Allopathic treatment by Leonard Herren</u>			

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.) <u>-</u>
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20c. TIME OF INJURY Hour <u>1</u> a.m. <u>1</u> p.m.	Month, Day, Year
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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.) <u>-</u>	20f. CITY, TOWN, OR LOCATION <u>-</u>	COUNTY <u>-</u>	STATE <u>-</u>
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21. I attended the deceased from 2-2-52 to 3-5-60 and last saw her alive on 3-5-60  
Death occurred at 6:28 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>J. Nordstrom, R.D.</u>	22b. ADDRESS <u>Savoy, Mo</u>	22c. DATE SIGNED <u>3-6-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>3-8-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Savoy Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Savoy Mo</u>
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24. FUNERAL DIRECTOR <u>Jackson Law</u>	ADDRESS <u>Savoy Mo</u>	25. DATE RECD. BY LOCAL REG. <u>3/14/60</u>	26. REGISTRAR'S SIGNATURE <u>Novie Merriam</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

*Wm K Jackson*

Licensed Embalmer No.

*3954*

P. O. Address

*San Francisco*

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.