URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-011727

STATE FILE NUMBER

FILED VS APR 4 1960

NDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe — Length of stay in 1b: 42 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Susan's Nursing home — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Livingston
c. CITY OR TOWN Chillicothe — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 915 Woodward — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Lottie Middle B. Last Herr
4. DATE OF DEATH: Month March Day 27 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-14-1897
9. AGE (last birthday): 63
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): At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Livingston Co, Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: London E. Belshe
13b. MOTHER'S MAIDEN NAME: Rowena Crlyle
14. NAME OF HUSBAND OR WIFE: Alvah J. Herr
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: A.J. Herr; Address: 915 Woodward; Chillicothe Mo

MEDICAL CERTIFICATION

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 anoxia — INTERVAL BETWEEN ONSET AND DEATH: 2 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary infarction — 2 min.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized arteriosclerosis
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 Feb. 20, 1960, to March 27, 1960 and last saw her/him alive on March 25, 1960
Death occurred at ten a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Jane D. Matheny (Degree or title) D.O.
22b. ADDRESS: Chillicothe, Missouri
22c. DATE SIGNED: 3/28/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-29-60
23c. NAME OF CEMETERY OR CREMATORY: Edgewood
23d. LOCATION (City, town, or county) (State): Chillicothe Mo.
24. FUNERAL DIRECTOR: Norman Funeral Home; ADDRESS: Chillicothe Mo
25. DATE RECD. BY LOCAL REG.: 3/28/60
26. REGISTRAR'S SIGNATURE: Frances B Neill

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.