

DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 31 1960

=60-018178

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 160

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Adair		b. CITY (If outside corporate limits, give TOWNSHIP only) Kirksville		a. STATE Mo.		b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirksville		Length of stay in 1b		c. CITY OR TOWN Kirksville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K.O.H.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1203 N. Greenlin		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. MONTH DAY YEAR	
First Herman		Middle Herboth		Last		5/14/60	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 2/24/14	9. AGE (last birthday) 46	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) Clothier		10b. KIND OF BUSINESS OR INDUSTRY Clothing		11. BIRTHPLACE (City and state or country) Kirksville, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Herman Herboth, Jr.			13b. MOTHER'S MAIDEN NAME Olive McMurray			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 11 1943 to 1945		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Martha Jane Herboth		Address Kirksville, Mo.	
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) Medullary Failure						10 min.	
DUE TO (b) Acute Alcoholism						More than 14 hrs.	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Liver Disease - Renal Disease -						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 checked="" 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 9/1/59 to 5/14/60 and last saw him alive on 5/14/1960 Death occurred at 2:37 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE [Signature]				(Degree or title)		22b. ADDRESS Kirksville, Mo.	
22c. DATE SIGNED 5/16/60							
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5/16/60	23c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery		23d. LOCATION (City, town, or county) Kirksville, Mo.		
24. FUNERAL DIRECTOR Davis & Davis-Kirksville, Mo.				25. DATE RECD. BY LOCAL REG. 5-27-1960		26. REGISTRAR'S SIGNATURE Dora W. Ratliff	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ED
BESTMAN, D.O.

VS MAR 16 1961

VS MAR 1 1961

VS MAY 1 1960

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 Robert B. Davis

Licensed Embalmer No. 4219
P. O. Address Kirksville, N.Y.

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.