MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 30 1960

60-024029
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 217

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sedalia
Length of stay in 1b: 30 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bothwell Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 509 N. Lamine
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Julia Middle: Last: Herndon
4. DATE OF DEATH: Month: June Day: 18 Year: 1960
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/30/1882
9. AGE (last birthday): 78 yr.
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Sedalia, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Tom Carter
13b. MOTHER'S MAIDEN NAME: Laura Powell
14. NAME OF HUSBAND OR WIFE: Dave Herndon
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: Mrs. Ruphena Edwards Address: 513 W. Cooper Sedalia, 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 Apoplexy
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive cardiovascular disease
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Also renal failure & myocardial failure
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 6/6/60, to 6/18/60 and last saw her/him alive on 6/17/60
Death occurred at 6:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Karl A. Gower (Degree or title) MD
22b. ADDRESS: 101½ S. Ohio Sedalia, Mo.
22c. DATE SIGNED: 6/20/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/21/60
23c. NAME OF CEMETERY OR CREMATORY: Crownhill Annex Cem.
23d. LOCATION (City, town, or county) (State): Sedalia Mo.
24. FUNERAL DIRECTOR: J. Price Alexander ADDRESS: 400 W. Cooper Sedalia, Mo.
25. DATE RECD. BY LOCAL REG.: 6/20/60
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF 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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 424

P. O. Address Sedalia

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.