

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025773

FILED VS AUG 3 1960

27 Primary Registration District No. 5096 Registrar's No. 93

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Bates Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bates									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Pleasant twp		Length of stay in 1b 15 yrs		c. CITY OR TOWN Butler, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. F. D. 2			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD 2 Butler, Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Thomas Middle Frank Last Herndon				4. DATE OF DEATH Month July Day 24 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-15-1897		9. AGE (last birthday) 63		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) Mail Carrier			10b. KIND OF BUSINESS OR INDUSTRY US Mail		11. BIRTHPLACE (City and state or country) Hume, Missouri			12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Jeff Herndon				13b. MOTHER'S MAIDEN NAME Lenna Miller				14. NAME OF HUSBAND OR WIFE Florence					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) WW I WW I				16. SOCIAL SECURITY NO.		17. INFORMANT Address Florence Herndon Butler, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Green emetia (Stroke TV) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Original Vaso-Parasymp DUE TO (c) malignant tumor										INTERVAL BETWEEN ONSET AND DEATH 2 months			
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 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.)									
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. p.m.													
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 June 6 - 60 to July 24 - 60 and last saw ^{her} him alive on July 24, 1960 Death occurred at 4.55 P.M. Paa on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Chas A. Lusk, M.D.						22b. ADDRESS Butler, Missouri.			22c. DATE SIGNED July 25 - 60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-27-1960		23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery		23d. LOCATION (City, town, or county) (State) Butler, Missouri, Mo.							
24. FUNERAL DIRECTOR ADDRESS Culver-Underwood Butler, Mo.				25. DATE RECD. BY LOCAL REG. July 26-60		26. REGISTRAR'S SIGNATURE Tendall Perry							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 4 1960

AUG 8 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John H. Underwood

Licensed Embalmer No. 358

P. O. Address Butler

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.