URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 29 1960

-60-031493

STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. — Registrar's No. 188

NDED

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ravenwood — Length of stay in 1b 1 yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Nodaway
c. CITY OR TOWN Ravenwood — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HORACE Middle (CHICK) Last HERNDON

4. DATE OF DEATH Month 8 Day 20 Year 1960

5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 7,25,1890
9. AGE (last birthday) 70 — 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) Ret Railroad laborer
10b. KIND OF BUSINESS OR INDUSTRY Railroad Employee
11. BIRTHPLACE (City and state or country) Parnell, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Ben Herndon
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Blanch M Johnson

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.
17. INFORMANT Address Mrs Lester Fare, Ravenwood, 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis — 2
DUE TO (c)
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. ☒ 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 —, to — and last saw her/him alive on
Death occurred at 10 30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. F. Byland (Degree or title) M.D.
22b. ADDRESS Maryville Mo
22c. DATE SIGNED 8/25/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8,23,1960
23c. NAME OF CEMETERY OR CREMATORY Parnell Cemetery
23d. LOCATION (City, town, or county) (State) Parnell, Mo.

24. FUNERAL DIRECTOR ADDRESS Atchison Funeral Home Maryville, Mo.
25. DATE RECD. BY LOCAL REG. 5 25-60
26. REGISTRAR'S SIGNATURE Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

SEP 20 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 n

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed G M Atkeson

Signature of Student Embalmer

Licensed Embalmer No. 2279

P. O. Address Monyoe

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