

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

- 50-037822
STATE FILE NUMBER

FILED VS. OCT 24 1960

77 Primary Registration District No. 3016 Registrar's No. 348

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY MILLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY, MO.		c. CITY OR TOWN MARYS HOME, MO.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARYS HOSPITAL		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last LOUIS THEODORE HERIGON			4. DATE OF DEATH Month Day Year OCT. 13, 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 6/1/23	9. AGE (last birthday) 37	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 4 12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St Thomas, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME ANTON HERIGON	13b. MOTHER'S MAIDEN NAME CHRISTINE LOETHEN	14. NAME OF HUSBAND OR WIFE Marcella Schulte
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War 2	16. SOCIAL SECURITY NO. 488-24-7417	17. INFORMANT Address MRS. MARDELLA HERIGON MARYS HOME, MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism		INTERVAL BETWEEN ONSET AND DEATH Minutes 3 Months 3 years?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cardiac decompensation	
	DUE TO (c) Fiberoelastosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None		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 COLE COUNTY		STATE MISSOURI

21. I attended the deceased from **9-15-60** to **death** and last saw her/him alive on **10-12-60**
Death occurred at **3/45 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John J. Harkins, MD	22b. ADDRESS 302 Bolivar Jeff City	22c. DATE SIGNED 10/17/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10/17/60	23c. NAME OF CEMETERY OR CREMATORY Our Lady of The Snown	23d. LOCATION (City, town, or county) (State) Marys Home Mo.
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24. FUNERAL DIRECTOR Lyndon Dull	ADDRESS Jc Mo.	25. DATE RECD. BY LOCAL REG. 17 October 1960	26. REGISTRAR'S SIGNATURE R.P. Davis, MD Richter, Dep
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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NOV 4 1960

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Syvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City, Mo.

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