

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004798

STATE FILE NUMBER

AMENDED

Registration District No. 59 Primary Registration District No. 4099 Registrar's No. 30

FILED VS FEB 20 1961

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CASS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PLEASANT HILL		Length of stay in 1b 25 yrs	c. CITY OR TOWN PLEASANT HILL
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 126 S CAMPBELL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 126 S CAMPBELL
3. NAME OF DECEASED (Type or print) First CHARLES Middle ISAAC Last HERRELL			4. DATE OF DEATH Month FEB. Day 8 Year 1961
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/11/1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY BUTLER MO.	9. AGE (last birthday) 85
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME ATHEL HERRELL		13b. MOTHER'S MAIDEN NAME SARAH (UNKNOWN)	14. NAME OF HUSBAND OR WIFE GRACE HERRELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		7. INFORMANT EDWARD HERRELL PLEASANT HILL 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) gastric carcinoma			INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			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 _____ 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 <u>3-25-57</u> to <u>2-8-61</u> and last saw him alive on <u>2-8-61</u> Death occurred at <u>1¹⁵</u> <u>A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. E. [Signature]</i> M.D. (Degree or title)		22b. ADDRESS Pleasant Hill, Mo	22c. DATE SIGNED 2-9-61.
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2/10/61	23c. NAME OF CEMETERY OR CREMATORY BENJAMIN CEMETERY	23d. LOCATION (City, town, or county) (State) AMORET MO.
24. FUNERAL DIRECTOR WALLACE FUNERAL HOME 422 N LAKE		25. DATE RECD. BY LOCAL REG. 2/10/61	26. REGISTRAR'S SIGNATURE <i>W. Gray [Signature]</i>

PLEASANT HILL MO (used Embalmer's Statement on Reverse Side)

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

James C Wallace

Licensed Embalmer No.

3921

P. O. Address

Pleasant Hill

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.