

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018445

STATE FILE NUMBER

AMENDED

Registration District No. 264 Primary Registration District No. \_\_\_\_\_ Registrar's No. 30

FILED JUN 5 1961

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Thornfield Township</u>		c. CITY OR TOWN <u>Hammond</u>	
Length of stay in 1b <u>55 yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First <u>Dora Bell</u>	Middle <u>Heriford</u>	Last <u>Dora Bell Heriford</u>	4. DATE OF DEATH Month <u>May</u>	Day <u>21</u>	Year <u>1961</u>
--	---------------------------	---------------------------	-----------------------------------	---	------------------	---------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-2-93</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>67</u>	IF UNDER 24 HR Days <u>67</u>	Hours <u>67</u>	Min. <u>67</u>
-------------------------	----------------------------------	---	------------------------------------	-------------------------------------	--	-------------------------------------	--------------------	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and state or country) <u>South Dakota USA</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
---	--	---	---

13a. FATHER'S NAME <u>John W. Grudier</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Conner</u>	14. NAME OF HUSBAND OR WIFE <u>J. B. Heriford</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>J. B. Heriford, Hammond, Missouri</u>
--	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
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 (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 <u>10:45 P. M.</u> s.m. <u>10:45 P. M.</u> p.m.	Month, Day, Year <u>5-26-61</u>	
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.) <u>Thornfield</u>	20f. CITY, TOWN, OR LOCATION <u>Thornfield, Missouri</u>
		COUNTY <u>Ozark Co.</u>
		STATE <u>Mo.</u>

21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <u>10:45 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE <u>M. J. Hoerman, DO, Coroner</u>	22b. ADDRESS <u>Gainesville, Ozark Co., Mo.</u>	22c. DATE SIGNED <u>5-26-61</u>
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-26-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Thornfield</u>	23d. LOCATION (City, town, or county) (State) <u>Thornfield, Missouri</u>
--	-----------------------------	---	--

24. FUNERAL DIRECTOR <u>Clinkingbeard Funeral Home, Ava, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-1-61</u>	26. REGISTRAR'S SIGNATURE <u>Thana Mahan</u>
---	---	---

**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

*Lytle S. Shinkins*

Licensed Embalmer No. 4830

P. O. Address Alva, Mo.

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.