

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041798

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 227 Primary Registration District No. 4339 Registrar's No. 54 STATE FILE NUMBER

FILED NOV 20 1961

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PARIS	Length of stay in 1b 65 YRS	c. CITY OR TOWN PARIS	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WEST LOCUST ST		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) WEST LOCUST ST.
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LULA Middle MAY Last HERRING			4. DATE OF DEATH Month NOV. Day 12 Year 1961			
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/15/1893	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months 10 Days 27	IF UNDER 24 HR Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS; OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) MO	12. CITIZEN OF WHAT COUNTRY USA		

13a. FATHER'S NAME FONROSE KEITH		13b. MOTHER'S MAIDEN NAME HENRIETTA G. SMITH		14. NAME OF HUSBAND OR WIFE HARRY R HERRING	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT LOTTIE K. VAUGHAN	
				Address PARIS 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 Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
DUE TO (b) Unknown		
DUE TO (c)		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

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	
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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.)	
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20c. TIME OF INJURY Hour - a.m. - p.m. -	Month, Day, Year -
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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 PARIS, MO.	COUNTY - STATE -
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21. I attended the deceased from **Aug - 1958** to **Nov 12** and last saw her alive on **11-12-1961**.
Death occurred at **11:30 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>L. M. Barnett M.D.</i> (Degree or title)	22b. ADDRESS PARIS, MO	22c. DATE SIGNED 11-12-1961
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11/14/1961	23c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	23d. LOCATION (City, town, or county) (State) PARIS, MO.
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24. FUNERAL DIRECTOR E. H. AGNEW - PARIS, MO.	ADDRESS -	25. DATE RECD. BY LOCAL REG. 11-13-61	26. REGISTRAR'S SIGNATURE <i>F. A. Barnett M.D.</i>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

NOV 28 1961

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.