

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012227

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 280 Primary Registration District No. \_\_\_\_\_ Registrar's No. 23

**FILED MAR 16 1962**

|                     |              |  |          |
|---------------------|--------------|--|----------|
| VS 300<br>Rev. 4/59 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS<br><br>INSTEAD OF | DOCUMENT |
| 10830               |              |  |          |
| 20830               |              |  |          |
| 3                   |              |  |          |
| 4 0                 |              |  |          |
| 5 0                 |              |  |          |
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| 7 0                 |              |  |          |
| 8 2                 |              |  |          |
| 9 420.1             |              |  |          |
| 10                  |              |  |          |
| 11                  |              |  |          |
| 12 90-3             |              |  |          |
| 13 1-0              |              |  |          |
| ITEM NO.            | SHOULD READ  | BY AFFIDAVIT OF  |          |

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Platte</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Platte</u>  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Preston Twp.</u> Length of stay in 1b <u>52 yrs.</u>   |   | c. CITY OR TOWN <u>Edgerton</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ridgely, Mo. - 3 Mi. S. of Edgerton</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>              |   | d. STREET ADDRESS (If outside, give location) <u>Ridgely, Mo. - 3 Mi. S. of Edgerton</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><u>John Wesley Herdman</u>   |   |   | 4. DATE OF DEATH Month Day Year<br><u>March 6 1962</u>   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                    | 8. DATE OF BIRTH <u>April 18, 1903</u>   |
| 9. AGE (last birthday) <u>58</u>  |   | IF UNDER 1 YEAR Months Days Hours Min.  | IF UNDER 24 HR   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>  | 11. BIRTHPLACE (City and state or country) <u>Camden Point, Mo.</u>  |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>   |   | 13a. FATHER'S NAME <u>Jacob A. Herdman</u>  |  |
| 13b. MOTHER'S MAIDEN NAME <u>Mary M. Amos</u>   |   | 14. NAME OF HUSBAND OR WIFE <u>None</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWII</u>  |   | 16. SOCIAL SECURITY NO. <u>Not Available</u>  | 17. INFORMANT <u>Clarence Herdman</u> Address _____  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u>   |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><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 _____ to _____ and last saw her/him alive on _____.<br>Death occurred at <u>APPROX. 1:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree or title) <u>Richard M. Gaffer, Coroner</u>  |   | 22b. ADDRESS <u>Platte City, Mo.</u>  | 22c. DATE SIGNED <u>3-7-62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 23b. DATE <u>3-8-62</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Ridgely Cemetery</u>  | 23d. LOCATION (City, town, or county) <u>Platte Co. Mo.</u> (State)  |
| 24. FUNERAL DIRECTOR <u>Clarence E. Hinson</u> ADDRESS <u>Edgerton, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG. <u>Mar. 8, 1962</u>  | 26. REGISTRAR'S SIGNATURE <u>Opheia Rollins</u>  |

MS APR 7 - 1952

**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 Clarence E. Hipson

Licensed Embalmer No. 5122

P. O. Address Lower, 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.