

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014798

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 119

Primary Registration District No. 5443

Registrar's No. 26

FILED APR 30 1962

VS 300  
Rev. 4/59

1 0370

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Gasconade</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Franklin</b>                      |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Roark Twp.</b>  |   | Length of stay in 1b<br><b>3 1/2 Mon.</b>   | c. CITY OR TOWN <b>St. Clair</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Frene Valley Home</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>Frene Valley Home</b>   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>HELEN</b> Middle <b>HERPIN</b> Last   |   | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>12</b> Year <b>1962</b>   |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>Cau.</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>10-4-1879</b>  |
| 9. AGE (last birthday)<br><b>82</b>   |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Homemaker</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Milhine, Missouri</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |   | 13a. FATHER'S NAME<br><b>Leopold Herpin</b>   |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Barbara Weigert Einele</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Leonard Herpin</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO.<br><b>---</b>   |   |
| 17. INFORMANT<br><b>Frene Valley Nursing Home--Hermann, Mo.</b>   |   | 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) <b>Gangrene of lower extremities</b>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 weeks</b>  |
| DUE TO (b) <b>Arteriosclerosis</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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>a.m. p.m.   |   |   |   |
| 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 <b>1-10-62</b> to <b>4-12-62</b> and last saw her/him alive on <b>4-10-62</b><br>Death occurred at <b>7:40 a.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Carol T. Shaw, M.P.</b>  |   | 22b. ADDRESS<br><b>Hermann, Mo.</b>   | 22c. DATE SIGNED<br><b>4-13-62</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>4/14/1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>St. Clare Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Clair, Missouri</b>   |
| 24. FUNERAL DIRECTOR<br><b>Casey &amp; Lenox St. Clair, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>4-13-62</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Delva Uffelman</b>  |

**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 Orval Groner, Student Embalmer No. 641

working under my personal supervision.

Student

*Orval Groner*

Signature of Student Embalmer

Signed

*Hergart Clemon*

Licensed Embalmer No. 3160

P. O. Address Hermann, Missouri

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.