

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016203

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 264  
**FILED** APR 20 1962

Primary Registration District No. 5888 Registrar's No. 15

VS 300  
Rev. 4/59

1 0770

2 0770

3 1

4 0

5 1

6

7 0

8 0

9 331X

10

11

12 90-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

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>Big Creek</u>		Length of stay in lb <u>15 yr.</u>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8 mi. S. of Theodosia on N.N. hwy.</u>		d. STREET ADDRESS (If outside, give location) <u>8 mi. S. of Theodosia on N.N. hwy.</u>	
3. NAME OF DECEASED (Type or print) First <u>Lee</u> Middle <u>Roy</u> Last <u>Herd</u>		4. DATE OF DEATH Month <u>April</u> Day <u>14</u> Year <u>1962</u>	
5. SEX <u>Male</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>7-13-1917</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (City and state or country) <u>Isabella, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>	
13a. FATHER'S NAME <u>Creath E. Herd</u>		13b. MOTHER'S MAIDEN NAME <u>Eva M. Honeycutt</u>	
14. NAME OF HUSBAND OR WIFE <u>Versie Herd</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>7-16-41 to 12-4-41</u>	
16. SOCIAL SECURITY NO. <u>487-24-1449</u>		17. INFORMANT <u>Versie Herd</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>Respiratory Arrest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 min.</u>	
DUE TO (b) <u>Massive Cerebrovascular Accident</u>		<u>1 1/2 hr.</u>	
DUE TO (c) <u>Severe hypertension</u>		<u>4-5 yrs</u>	
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 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>10:00</u> a.m. Month, Day, Year <u>9-12-59</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.)	20f. CITY, TOWN, OR LOCATION <u>Isabella, Missouri</u>		
21. I attended the deceased from <u>9-12-59</u> to <u>4-14-62</u> and last saw her/him alive on <u>4-14-62</u>		Death occurred at <u>10:00</u> <u>A</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Arthur L. Beard</u>		22b. ADDRESS <u>Gainesville, Mo.</u>	
22c. DATE SIGNED <u>4-14-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>4-16-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Isabella</u>	
23d. LOCATION (City, town, or county) <u>Isabella, Missouri</u>		23e. DATE RECD. BY LOCAL REG. <u>4/19/62</u>	
23f. FUNERAL DIRECTOR <u>Adams + Monger, Ozark, Mo.</u>		23g. REGISTRAR'S SIGNATURE <u>Lou Anna Wade</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAY 4 1962

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

*Joe M. Abbott*

Licensed Embalmer No.

5115

P. O. Address

*Springfield, 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.

Permit obtained

O.E.S.