

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001989  
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 61

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                             |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Independence</b>  |   | Length of stay in lb<br><b>1 day</b>   | c. CITY OR TOWN <b>Grain Valley</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Indep. Sanit. &amp; Hospital</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>Route #1</b>   |
| 3. NAME OF DECEASED<br>(Type or print) <b>Eddie Dewey Herron</b>  |   | 4. DATE OF DEATH<br>Month <b>Feb.</b> Day <b>1</b> Year <b>1963</b>  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9-10-1898</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>farmer</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming</b>  | 9. AGE (last birthday)<br><b>64</b>  |
| 11a. FATHER'S NAME<br><b>George W. Herron</b>   |   | 11b. BIRTHPLACE (City and state or country)<br><b>Atherton, Missouri</b>   |  |
| 12a. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <b>No</b>   |   | 12b. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |  |
| 13. MOTHER'S MAIDEN NAME<br><b>Josie Beets</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Lutie M. Herron</b>  |  |
| 15. SOCIAL SECURITY NO. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>   |   | 17. INFORMANT<br><b>Lutie M. Herron Grain Valley, Missouri</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Massive anterior myocardial infarction</b>  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>24 hours</b>  |
| Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last.<br>DUE TO (b) <b>coronary atherosclerosis</b>   |   |  | <b>years</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 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 _____ 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 <u>3/31/61</u> to <u>2/1/63</u> and last saw <sup>her</sup> him alive on <u>2/1/63</u><br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |
| 22a. SIGNATURE<br><i>Vance E. Lutz, M.D.</i>  |   | 22b. ADDRESS<br><i>10901 Union Rd Independence, Mo</i>   | 22c. DATE SIGNED<br><i>2/4/63</i>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>Feb. 4, 1963</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Salem Cemetery</b>  | 23d. LOCATION (City, town, or county)<br><b>Jackson County, Missouri</b>   |
| 24. FUNERAL DIRECTOR<br><b>Geo. C Carson &amp; Sons Inc. Independence, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>2-4-63</b>  | 26. REGISTRAR'S SIGNATURE<br><i>Alba L. Craig</i>  |

USE BLACK INK OR TYPEWRITER RIBBON

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**STATEMENT BY LICENSED EMBALMER**

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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 Leroy J. Tyler

Licensed Embalmer No. 4941

P. O. Address Indianapolis, 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.