

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048888

STATE FILE NUMBER

Registration District No. 264 Primary Registration District No. 264 Registrar's No. 93

FILED JAN 2 1964

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) <u>Bridges Twp.</u>		c. CITY OR TOWN <u>Gainesville</u>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>Bridges Twp.</u>	

3. NAME OF DECEASED (Type or print) First <u>Right</u> Middle <u>R.</u> Last <u>Herd</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>13</u> Year <u>1963</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-6-1877</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</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>Own</u>		11. BIRTHPLACE (City and state or country) <u>Ozark Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas Herd</u>		13b. MOTHER'S MAIDEN NAME <u>Millie Haskins</u>	
14. NAME OF HUSBAND OR WIFE <u>Maude Herd</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Marvela Lovehase Crescent OKla</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>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cardiac Decompensation (Compensable)</u>		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" 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.)	
20c. TIME OF INJURY Hour <u>8</u> a.m. <u>15</u> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Gainesville, Mo</u>	
20g. COUNTY <u>Mo.</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>May 11, 1962</u> to <u>Dec 13, 1963</u> and last saw him alive on <u>Dec 13, 1963</u> Death occurred at <u>81 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>M. J. Hoernman</u>		22b. ADDRESS <u>Gainesville, Mo</u>		22c. DATE SIGNED <u>12/16/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-15-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lutie</u>	
23d. LOCATION (City, town, or county) <u>Theodosia</u>		23e. STATE <u>Mo.</u>		23f. COUNTY <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Clinkingbeard</u>		25. DATE RECD. BY LOCAL REG. <u>12-16-63</u>		26. REGISTRAR'S SIGNATURE <u>Barbara Shaw</u>	

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

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20770

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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

John R. Carey

Licensed Embalmer No.

4885

P. O. Address

Cambridge, 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.