MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 0003081 STATE FILE NUMBER

JAFILED 12 65

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp. — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Francois
c. CITY OR TOWN Farmington — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) Center St — Reside on Farm Yes ☐ No X ☐

3. NAME OF DECEASED (Type or print) First Henry Middle Charles Last Herbst
4. DATE OF DEATH Month Jan. Day 2 Year 1965
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH 2/19/1965
9. AGE (last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (City and state or country) Doe Run, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Charles Henry Herbst
13b. MOTHER'S MAIDEN NAME Rosa Heck
14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
17. INFORMANT Charles Herbst — Address Farmington, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senility - arteriosclerosis
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Dec 27, 1964 to Jan 2, 1965 and last saw him alive on Jan 2, 1965
Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. A. Huckstop MD
22b. ADDRESS Farmington, Mo.
22c. DATE SIGNED 1-4-65
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 5/65
23c. NAME OF CEMETERY OR CREMATORY New Calvary
23d. LOCATION (City, town, or county) (State) Farmington Mo.
24. FUNERAL DIRECTOR C.H. Cozean — ADDRESS Farmington, Mo.
25. DATE RECD. BY LOCAL REG. Jan. 4, 1965
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed C H Cozean

Signature of Student Embalmer

Licensed Embalmer No. 4084

P. O. Address Farmington 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.