

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11878**

BIRTH NO. _____		REG. DIST. NO. <b>137</b>		PRIMARY REG. DIST. NO. <b>4218</b>		Registrar's No. <b>19</b>		
1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>Windsor</b>		c. LENGTH OF STAY (in this place) <b>8 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Jefferson Twp</b>		d. STREET ADDRESS (If rural, give location) <b>RFD, Leeton, Mo. 65101</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Windsor Hospital</b>								
3. NAME OF DECEASED (Type or Print) <b>U.R.A. LEE HERNDON</b>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <b>April 30, 1954</b>				4. DATE (Month) (Day) (Year)				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>April 6, 1885</b>		
9. AGE (In years, last birthday) <b>69</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>Johnson County, Mo</b>		
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Wm J. Cooper</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Hall</b>		14. NAME OF HUSBAND OR WIFE <b>Eugene Herndon</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Eugene Herndon, Leeton, Mo.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute nephritis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>3-25, 1954</b> , to <b>4-30, 1954</b> , that I last saw the deceased alive on <b>4-30, 1954</b> , and that death occurred at <b>10:57 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Roy Jordan M.D.</b>				23b. ADDRESS <b>Windsor Mo</b>		23c. DATE SIGNED <b>5-3-54</b>		
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-2-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak</b>		24d. LOCATION (City, town, or county) (State) <b>Windsor, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>May 3-54</b>		REGISTRAR'S SIGNATURE <b>Florence Adams</b>		42.2		25. FUNERAL DIRECTOR'S SIGNATURE <b>Huston Turner</b>		
						ADDRESS <b>Windsor Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1956

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1956

**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 .....  
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Trindley, 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 this body is not embalmed, fact should be so stated above.