

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 132 Primary Registration District No. 0 Registrar's No. 380006252 STATE FILE NUMBER

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

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH Edinburg		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) Taylor		Length of stay in 1b 10 months	c. CITY OR TOWN Brimson, M
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION home East of Brimson		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1/2 mile East of Brimson
3. NAME OF DECEASED (Type or print) First Jessie Middle B. Last Herring		4. DATE OF DEATH Month Feb. Day 14 Year 1965	
5. SEX Female	6. COLOR OR RACE Cau.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/15/1888
9. AGE (last birthday) 76	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY household	11. BIRTHPLACE (City and state or country) Grundy Co.
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Joshua Hoskins		13b. MOTHER'S MAIDEN NAME Celia O. McCune	14. NAME OF HUSBAND OR WIFE Fred L. Herring dec'd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Dale Herring
		Address Brimson, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure			INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) Depression			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
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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 Trenton, Missouri	COUNTY _____ STATE _____
21. I attended the deceased from November 1963 death and last saw her alive on July 1963 Death occurred at 9 p.m. on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE Albert D. Cross, M.D. (Degree or title)		22b. ADDRESS Trenton, Missouri	22c. DATE SIGNED 2/16/65
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/17/1965	23c. NAME OF CEMETERY OR CREMATORY Edinburg IOOF	23d. LOCATION (City, town, or county) (State) Edinburg, Missouri
24. FUNERAL DIRECTOR Davis Blackmore ADDRESS Trenton, Mo.		25. DATE RECD. BY LOCAL REG. 2-17-1965	26. REGISTRAR'S SIGNATURE Jene Fair

DY. Cross

(Licensed Embalmer's Statement on Reverse Side)

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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 James C Cooper, Student Embalmer No. 737

working under my personal supervision.

Student James C Cooper
Signature of Student Embalmer

Signed Gordon Blackmon

Licensed Embalmer No. 4602

P. O. Address 1 Renton, 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.