

FILED NOV 14 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

68 0041262

CERTIFICATE OF DEATH

Registration District No. 160

Primary Registration District No. 559

Registrar's No. 202

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

9. 0
10a. 80
10b. 40500
11. 0
12. 1
13. 1538
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

40500

5. 1

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6. 0500

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. A. Wendell HEROD					2. Male	3. Nov. 9, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. White	5. 80	5b. MOS.	5c. HOURS	6. Jan 6, 1888		7. Jefferson	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. Rural Joachim Twp.		7c. no	7d. Jefferson Memorial Hospital				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. USA		10. Married		11. Rosenna Randolph	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 194-10-8856		13. Chief Clerk		13b. St. Joseph Lead Company			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14. Mo.		14b. Jefferson	14c. Herculaneum	14d. yes	14e. 322 Liberty Street		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. Abraham				Herod	16. Mary Carrow		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mrs. Rosenna Herod				17b. Herculaneum, Mo. 63048			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		18a. <i>Sick/chronic disease</i>					18b. <i>2 weeks</i>
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		18c. <i>Colletomy for Co of large blood</i>					18d. <i>1 month</i>
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		19. <i>Kidney shut down</i>					20. <i>No</i>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
21a.	21b.	21c.	21d.				
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)					
22a.	22b.	22c.					
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON
23a.							23b. 11-9-68
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
24.				24a. 8:30 A.M.	24b. 11 9 68	24c. 8:30 A.M.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)			
25a. <i>RH ALLBIE MD</i>		25b. <i>[Signature]</i>	25c. <i>Physician</i>	25d. 11/10/68			
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	ZIP
26a.		26b.		26c.		26d.	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION			
27a. Burial		27b. St. Francois Memorial Park		27c. Bonne Terre, Mo.			
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 1				
28a. Nov. 11, 1968	28b. Vinyard Funeral Home		28c. Box 288, Festus, Mo. 63028				
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
29a. <i>[Signature]</i>		29b. <i>[Signature]</i>		29c. 11-11-68			

Joseph [unclear]
19-6-11

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 *Keith B. Vinson*

Licensed Embalmer No. *4976*

P. O. Address *Fresno, 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.