

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0048504

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 6128 Registrar's No. 335

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 18 1966

1. PLACE OF DEATH
 a. COUNTY Shannon
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eminence Length of stay in 1b 1 day
 c. CITY OR TOWN Bunker Inside Limits Yes No
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West Eminence Inside Limits Yes No
 d. STREET ADDRESS X (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Guy Middle Winfred Last Herron 4. DATE OF DEATH Month Nov Day 14 Year 1966
 5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-5-31 9. AGE (last birthday) 35
 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) trucker 10b. KIND OF BUSINESS OR INDUSTRY X 11. BIRTHPLACE (City and state or country) Shannon Co Mo 12. CITIZEN OF WHAT COUNTRY U S A
 13a. FATHER'S NAME Sylvester Herron 13b. MOTHER'S MAIDEN NAME Lydia Conway 14. NAME OF HUSBAND OR WIFE X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Korean 16. SOCIAL SECURITY NO. X 17. INFORMANT Address Shirley Montgomery Bunker 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) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 5 min
 DUE TO (b) Coronary occlusion 4 min
 DUE TO (c) Coronary thrombosis 4 min
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 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 7 a.m. Month Nov Day 14 Year 1966 p.m.

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.) home 20f. CITY, TOWN, OR LOCATION COUNTY STATE Eminence Shannon Mo.

21. I attended the deceased from _____ and last saw her/him alive on _____
 Death occurred at 1 A.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Denton Wilson, D.S. - Coroner 22b. ADDRESS Eminence, Mo. 22c. DATE SIGNED 11-16-66

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 11-16-66 23c. NAME OF CEMETERY OR CREMATORY Bunker Cem 23d. LOCATION (City, town, or county) (State) Bunker Mo

24. FUNERAL DIRECTOR ADDRESS Spencer Funeral Home Inc 25. DATE RECD. BY LOCAL REG. Nov 17-66 26. REGISTRAR'S SIGNATURE Mabel Raelin

Salammo (Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
 1 1010
 2 0900
 3
 4 0
 5 0
 6
 7 0
 8 2
 9 420.1
 10
 11
 12 90-2
 13 1-0

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION
 DOCUMENT

*Embalmer
Name
Address*

*intentional embalmer
mailed as per
instructions*

DEC 21 1966

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: *Carl H. [Signature]*

Licensed Embalmer No. *2370*

P. O. Address *Salem 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.

11-11-11

11-11-11