

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

22413

State File No.

113

Registrar's No.

BIRTH NO.

REG. DIST. NO. 324

PRIMARY REG. DIST. NO. 3072

Registrar's No.

## I. PLACE OF DEATH

a. COUNTY

Saline

b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN

Marshall

c. LENGTH OF STAY (If in place)

lifetime

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

370 W. MARION ST.

## 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).

a. STATE

Missouri

b. COUNTY

Saline

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Marshall

0972

d. STREET ADDRESS (If rural, give location)

370 W. MARION ST.

## 3. NAME OF DECEASED (Type or Print)

a. (First)

Bulah

b. (Middle)

MAE

c. (Last)

HERGINS

4. DATE OF DEATH

(Month)

(Day)

(Year)

June 7-50

## 5. SEX

Female

## 6. COLOR OR RACE

Negro

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

## 8. DATE OF BIRTH

April 19, 1892

## 9. AGE (In years last birthday)

58

12

12

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House work

## 10b. KIND OF BUSINESS OR INDUSTRY

Own home

## 11. BIRTHPLACE (State or foreign country)

Saline Co, Missouri

## 12. CITIZEN OF WHAT COUNTRY?

U.S.A.

## 13a. FATHER'S NAME

John Hamilton

## 13b. MOTHER'S MAIDEN NAME

Eva Thompson

## 14. NAME OF HUSBAND OR WIFE

Mr. Jack Hergins

## 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'S SIGNATURE OR NAME

Jack Hergins

## ADDRESS

Marshall, Mo

## 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.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*

### ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## MEDICAL CERTIFICATION

Intermittent Nephritis

## INTERVAL BETWEEN ONSET AND DEATH

Don't know

594X

" "

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES ☐ NO ☒

## 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)

## 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from April 7, 1950 to 6-7, 1950, that I last saw the deceased alive on 6-7, 1950, and that death occurred at 3:53 A. m., from the causes and on the date stated above.

## 23a. SIGNATURE (Type or title)

W. Madison, M.D.

## 23b. ADDRESS

Marshall, Mo.

## 23c. DATE SIGNED

6-8-50

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 24b. DATE

6-9-50

## 24c. NAME OF CEMETERY OR CREMATORY

Fairview Cemetery

## 24d. LOCATION (City, town, or county)

Marshall, Mo.

## (State)

## DATE REC'D BY LOCAL REG.

June 8, 1950

## REGISTRAR'S SIGNATURE

Blindley J. Gray

## 25. FUNERAL DIRECTOR'S SIGNATURE

Ken Davis

## ADDRESS

Ken Davis

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 12

District Health Officer No. 8,

District File Number

Date Filed

7-5-50

VS FEB 2 1961

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Student Embalmer No.

Licensed Embalmer No.

P. O. Address

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.