

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **3052**

Primary Registration District No. **3052**

Registrar's No. **20024082**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Sedalia</b>		c. CITY OR TOWN <b>Sedalia</b>	
Length of stay in lb <b>49 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1914 W. 4th St</b>		d. STREET ADDRESS (If outside, give location) <b>1914 W. 4th St</b>	
3. NAME OF DECEASED (Type or print) First <b>MAUDE</b> Middle <b>D.</b> Last <b>HERT</b>		4. DATE OF DEATH Month <b>July</b> Day <b>2</b> Year <b>1964</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug 9, 1880</b>
9. AGE (last birthday) <b>84</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Home</b>	
11. BIRTHPLACE (City and state or country) <b>Prairie Home, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>DRURY DAVIS</b>		13b. MOTHER'S MAIDEN NAME <b>Florence Franklin</b>	
14. NAME OF HUSBAND OR WIFE <b>Wm. B. HERT, Sr.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT <b>Miss Florence Hert, Sedalia Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b> 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) _____ 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 type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>April 29, 1960</b> to <b>July 2, 1964</b> and last saw her alive on <b>July 2, 1964</b> Death occurred at <b>11 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>T.S. Hopkins, M.D.</b>		22b. ADDRESS <b>1609 S. 5th St Sedalia, Mo.</b>	
22c. DATE SIGNED <b>7-3-64</b>		23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>July 4, 1964</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cem.</b>	
23d. LOCATION (City, town, or county) <b>California</b>		23e. STATE <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>Mr. Laughlin Bros.</b>		25. DATE RECD. BY LOCAL REG. <b>July 3, '64</b>	
26. REGISTRAR'S SIGNATURE <b>Frances Shelby per</b>		27. ADDRESS <b>A. B. Adams</b>	

JUL 10 1964

### 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 K.P.M. Lary

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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.