

CERTIFICATE OF DEATH

STATE FILE NUMBER  
124 68 0015639

DO NOT WRITE  
ON THIS STUB

9. 0  
10a. 64  
10b.  
11. 0  
12. 1  
13. 4109  
14.  
15. 9  
16.  
17.  
18. 0  
19. CREDITS  
20. 1-0

VS 300  
Rev. 1/68

4. 0269  
5. 3

DECEASED

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

6. 0661

PARENTS

CAUSE

CERTIFIER

BURIAL

Registration District No. 77		Primary Registration District No. 3016		Registrar's No. 144	
DECEASED—NAME FIRST MIDDLE LAST THEODORE HERFURTH			SEX M	DATE OF DEATH (MONTH, DAY, YEAR) April 24, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) caucasian		AGE—LAST BIRTHDAY (YEARS, MOS., DAYS) 64	DATE OF BIRTH (MONTH, DAY, YEAR) Aug 2, 1903		COUNTY OF DEATH Cole
CITY, TOWN, OR LOCATION OF DEATH Jefferson		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) yes Memorial Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Missouri		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Mathilda Haldiman
SOCIAL SECURITY NUMBER 493-10-0115		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Salesman		KIND OF BUSINESS OR INDUSTRY Petroleum Products	
RESIDENCE—STATE COUNTY Mo. Miller		CITY, TOWN, OR LOCATION Eldon	INSIDE CITY LIMITS (SPECIFY YES OR NO) yes		STREET AND NUMBER 223 N. Spruce
FATHER—NAME FIRST MIDDLE LAST August Herfurth			MOTHER—MAIDEN NAME FIRST MIDDLE LAST Bertha Kraemer		
INFORMANT—NAME Mathilda Herfurth			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 223 N. Spruce, Eldon, Missouri 65026		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
18. IMMEDIATE CAUSE (a) Acute Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: (b) Atherosclerotic Heart Disease DUE TO, OR AS A CONSEQUENCE OF: (c)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1-2 HRS.
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (10)					
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)	
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)	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR 1962 TO 4 24 68	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR FEB. 1968	I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
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 MONTH DAY YEAR		
CERTIFIER—NAME (TYPE OR PRINT) J. S. Sanders		SIGNATURE J. S. Sanders	DEGREE OR TITLE MD	DATE SIGNED (MONTH, DAY, YEAR) 4/26/68	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
BURIAL, CREMATION, REMOVAL (SPECIFY) burial		CEMETERY OR CREMATORY—NAME Evangelical	LOCATION California, Missouri		
DATE Apr 26, 1968		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Phillips Funeral Home, Eldon, Missouri 65026			
FUNERAL DIRECTOR—SIGNATURE L. E. Phelan		REGISTRAR—SIGNATURE Norma Miller	DATE RECEIVED BY LOCAL REGISTRAR 4-29-68		

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

5-14-68  
APR 1 1968  
H-23-68

**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 Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Eldon

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.