

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

27368

State File No. ....

V. S. No. 300  
REV. 10-48

FILED AUG 3 1953

REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6081 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>St. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Genevieve</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Twp Rural</u>		c. CITY OR TOWN <u>Rural Union Twp</u>	
c. LENGTH OF STAY (in this place) <u>9 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farmington RR 2</u>		e. STREET ADDRESS (If rural, give location) <u>Farmington RR 2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jacob</u> b. (Middle) <u>Carl</u> c. (Last) <u>Herbst</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 29 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 1, 1878</u>
9. AGE (In years last birthday) <u>74</u>		10. UNDER 1 YEAR Months <u>7</u> Days <u>28</u>	11. UNDER 12 MRS. Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Doc Run, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Herbst</u>		13b. MOTHER'S MAIDEN NAME <u>Hena Siebecker</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Tawfall, Farmington, Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic Heart Dis.</u> ANTECEDENT CAUSES DUE TO (b) <u>generalized Arterio-</u> DUE TO (c) <u>Sclerosis.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis Deformans</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/200</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>JAN 15, 1953</u> , to <u>July 28, 1953</u> , that I last saw the deceased alive on <u>July 28, 1953</u> , and that death occurred at <u>8:00 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>D. O. R. Farmington, Mo</u>	
23c. DATE SIGNED <u>7/30/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7/31/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
25. ADDRESS <u>Miller Funeral Home, Farmington, Mo</u>		DATE REC'D BY LOCAL REG. <u>July 30, 1953</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		481	

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

0950

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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 Paul K. Royal

Licensed Embalmer No. 4120

P. O. Address Farmington, 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.