

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21479

Do not use this space.

## 1. PLACE OF DEATH

(a) County Bates Registration District No. 53  
 (b) Township New Home Primary Registration District No. 5084 Registered No. 25  
 (c) City R. F. D. #1 Rich Hill (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Ruby Marie Heckadon

(a) Residence, No. R. F. D. #1 Rich Hill, Missouri St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
17 2 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Bates County  
 (STATE OR COUNTRY) Missouri

13. NAME Frank Heckadon

14. BIRTHPLACE (CITY OR TOWN) Bates County  
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Jesse Spurgeon

16. BIRTHPLACE (CITY OR TOWN) St. Clair Co.  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Frank Heckadon  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rich Hill, Mo. DATE June, 22, 1939

19. FUNERAL DIRECTOR (NAME) Booth  
 (ADDRESS) Rich Hill, Missouri

20. FILED June 21, 1939 Claude J. Allen, M.D. (Address) 56  
R. B. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1939

22. I HEREBY CERTIFY That I attended deceased from

19\_\_\_\_, to June 20, 1939  
 I last saw him alive on June 20, 1939. Death is said

to have occurred on the date stated above, at 10:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Heart Paralysis  
44 E  
 Date of onset

Other contributory causes of importance.

Heart Paralysis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) C. J. Allen, M.D.(Address) 56

RECEIVED

District Health Officer No. 7

District File Number 7-39-1003

Date Filed 7-12-39

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.....

*John H. Chidewood*

Registered Apprentice No.....

working under my personal supervision.

Signed *John H. Chidewood*

Licensed Embalmer No. 3585

P. O. Address *Butler 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 this body is not embalmed, above space should be left blank.