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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5883

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 51

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boyce Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia (If outside city or town limits, write "RURAL")
(d) Street No. 503 N. Williams (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

8. (a) PRINT FULL NAME TOMMY LEE HEISTER 240

8. (b) If veteran, name war None

8. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased April (Month) 14 (Day) 1937 (Year)

8. AGE: Years 2 Months 10 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace Columbia, Mo (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name Thomas Heisler
13. Birthplace Boone Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Gertrude Hayes
15. Birthplace Kansas City Mo (City, town, or country) (State or foreign country)

16. (a) Informant Mrs Thos Heisler
(b) Address 503 N Williams, Columbia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-40 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Parkes
(b) Address Columbia Mo.

19. (a) 2/26/40 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 24 1940 year 1940 hour 10 minutes 30 A.M.

21. I hereby certify that I attended the deceased from Feby 24 1940 to Feby 24 1940 that I last saw h alive on Feby 24 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis
Due to Pneumococcus
Due to Influenza
Due to
Other conditions (Include pregnancy within 3 months of death) Pneumonia Bronchial
Major findings: Double Otitis media
Of operations
Of autopsy Meningitis, obt. Judas Lee Carter

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury

23. Signature [illegible] M. D. or other
Address Columbia Mo Date signed 2/26/40

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed .....

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.