

Registration District No. **609**

Primary Registration District No. **4343**

Registrar's No. **117**

1. PLACE OF DEATH:

(a) County **NEWTON**  
(b) City or town **NEOSHO**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community **50 YEARS.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **CLARENCE M. HEATON**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **496-01-4413**

4. Sex **MALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **FRANKIE HEATON** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **JUNE 11 1890**  
(Month) (Day) (Year)

8. AGE: Years **50** Months **3** Days **13** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **NEOSHO MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **PLUMBER**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **WARREN HEATON**

13. Birthplace **SPRINGFIELD MISSOURI**  
(City, town, or county) (State or foreign country)

14. Maiden name **Corra Justice**

15. Birthplace **UNKNOWN TENN.**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Clarence M. Heaton**

(b) Address **335 S. Wood, Neosho, Mo.**

17. (a) **Burial** (b) Date thereof **9-26-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Neosho 200F. Cemetery**

18. (a) Signature of funeral director **Corley Thompson**

(b) Address **Neosho, Mo.**

19. (a) **10-4-40** (b) **Una A. Baker, m.d.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **NEWTON**

(c) City or town **335 S. WOOD**  
(If outside city or town limits, write "RURAL")

(d) Street No. **NEOSHO**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **24** day **Sept.**  
year **1940** hour **8:10** minute \_\_\_\_\_ P. \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from **Sept 1-1940**  
\_\_\_\_\_ 19\_\_\_\_ to **Sept 24** 19\_\_\_\_

that I last saw him alive on **Sept 24** 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Atherosclerosis**  
**Diabetes Mellitus**

Due to **myocarditis & Hypertension**

Due to **The large Coronary Artery was**

Other conditions **on back of neck**  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **54**

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? **54?**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **R. J. ...** (M. D. or other) **40-340**

Address **Neosho Mo** Date signed \_\_\_\_\_

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6;

District File Number 1040-2718

Date Filed OCT 14 1940

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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.....

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

working under my personal supervision.

Signed Gail R. Gay

Licensed Embalmer No. 4155

P. O. Address Nesho, 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.