

FEB 17 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2394

Registration District No. 250

Primary Registration District No. 4150

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Daviess  
(b) City or town Gallatin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
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(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community Life  
years, months or days

8. (a) PRINT FULL NAME Mary J. Heaston

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Samuel P. Heaston 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased February 12 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 10 28 hr. min.

9. Birthplace Pattonsburg Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Sam Woody  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name (Unknown) Cummings  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel P. Heaston  
(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 1-11-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hope, Burr. & Undert. Co.  
(b) Address Gallatin, Mo.

19. (a) Jan. 13-1941 (b) H. G. Hope  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31  
(c) City or town Gallatin 1  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. ----- (If rural, give location) 0  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10  
year 1941 hour 1 minute 10 A. M.

21. I hereby certify that I attended the deceased from Dec 21, 1940, to Dec 31, 1940  
that I last saw her alive on Dec. 30, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration \_\_\_\_\_

Due to The Senile Dementia

Due to Loss of children

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

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

23. Signature H. R. Doolin (M. D. or other) D  
Address Gallatin, Mo. Date signed 1-13-41

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

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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

*L. O. Richardson*

Licensed Embalmer No.

*3302*

P. O. Address

*Gallatin, 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.**