

No. 2
4-12-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11538

State File No. _____

Registration District No. 625

Primary Registration District No. 353+5827

Registrar's No. 351

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

1. PLACE OF DEATH:

(a) County Madaway

(b) City or town Maryville "Rural"
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway

(c) City or town Maryville
(If outside city or town limits, write "RURAL")

(d) Street No. "Rural"
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Harold Cleon Heaton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/10 day _____
year 1941 hour 9 minute 30 P.M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Pauline Ross 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased May 29 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 10 1941 to Mar 10 1941
that I last saw him alive on Mar 10 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 54 Days 9 If less than one day _____ hr. _____ min.

Immediate cause of death Arterio-sclerosis of right lower lobe of lung with thrombosis of brain 12 or 13 yrs
Due to _____

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

Due to _____

Other conditions (include pregnancy within 3 months of death) 100

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Heaton

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name Sarah J. Ellsworth

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Harold Heaton

(b) Address Maryville Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 3 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mission Cemetery

(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? 5 b 1

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

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 951 South Main Maryville Mo

23. Signature [Signature] (M. D. or other) _____
Address Maryville Mo Date signed 3/11/41

19. (a) 3-11-41 (b) Norris E. Clardy
(Date received local registrar) (Registrar's signature)

OCT 29 1951

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

W. Dean Campbell

Registered Apprentice No.

working under my personal supervision.

Signed

W. Dean Campbell

Licensed Embalmer No.

2630

P. O. Address

Maryville, 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, fact should be so stated above.