

FILED JUN 20 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18785

Registration District No. 733

Primary Registration District No. 4438

Registrar's No.

1. PLACE OF DEATH:  
 (a) County. **Randolph**  
 (b) City or town. **Huntsville Mo.**  
 (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.  
 In this community **50 yr.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State. **Missouri** (b) County. **Randolph**  
 (c) City or town. **Huntsville**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. (If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME **Leland Heflin**  
 3. (b) If veteran, name war. **X**  
 3. (c) Social Security No.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **May** day **28**  
 year **1941** hour **5** minute **40** M.  
 21. I hereby certify that I attended the deceased from **May 5** 19**41** to **May 28** 19**41**  
 that I last saw him alive on **May 28** 19**41**  
 and that death occurred on the date and hour stated above.

4. Sex **male**  
 5. Color of race **White**  
 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **Carrie**  
 6. (c) Age of husband or wife if alive **68** years  
 7. Birth date of deceased **Feb. 1 1871**  
 (Month) (Day) (Year)

Immediate cause of death **Fracture of R. Femur**  
 Duration **23 days**

8. AGE: Years **70** Months **3** Days **27**  
 If less than one day hr. min.

Due to **Septicemia**  
 Due to **Septicemia**  
 Other conditions **Uremic Poisoning**  
 (Include pregnancy within 3 months of death)  
**gastroenteritis**

9. Birthplace **Randolph County Mo**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **Retired Contractor**  
 11. Industry or business  
 12. Name **William Jefferson Heflin**  
 13. Birthplace **Kentucky**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Cecelia Clark**  
 (City, town, or county) (State or foreign country)  
 15. Birthplace **North Carolina**  
 (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.

16. (a) Informant **Mrs. Carrie Heflin**  
 (b) Address **Huntsville Mo.**  
 17. (a) **Burial** (b) Date thereof **May 30 1941**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Huntsville Mo.**  
 18. (a) Signature of funeral director **Tom B. Patton**  
 (b) Address **Huntsville Mo.**  
 19. (a) **June 3 1941** (b) **W. S. A. Burchart**  
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) **Accident**  
 (b) Date of occurrence **May 5, 1941**  
 (c) Where did injury occur? **Huntsville Randolph Mo.**  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**at home - fell on front steps**  
 (Specify type of place) (e) Means of injury  
**While at work?**  
 23. Signature **P. V. Dreyer M.D.** (M. D. or other)  
 Address **Huntsville Mo** Date signed **6/2/41**

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

RECEIVED

District Health Officer No. 10

District File Number 6-41-1192

Date Filed JUN 18 1941

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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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville Md

**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.**