

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24498

FILED AUG 25 1941
Registration District No. 13

Primary Registration District No. 3006

Registrar's No. 203

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:
University Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
65 years 0 (Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Ebbie N. Heaton

3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-14-9428

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

6. (b) Name of husband or wife Lenna Redding Heaton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 29, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 29 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name J. P. Heaton
13. Birthplace Logan County, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Sarah E. Holdon
15. Birthplace Cincinnati, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Ollie Woods

(b) Address Marceline, Missouri

17. (a) Burial (b) Date thereof July 30, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director James McLaughlin

(b) Address Marceline, Mo

19. (a) 7/30/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 058
(c) City or town Bucklin, Mo. Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 1 year.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1941 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 13, 1941, to July 28, 1941;

that I last saw him alive on July 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Urema Duration 15 da,

Due to retention of urine. High residual 600 cc. Over undetermined period of time

Due to Prostatic hypertrophy or other mechanical obstruction. Patient too sick for a more thorough investigation of
Other conditions this point.
(Include pregnancy within 3 months of death)

Major findings: 127 PHYSICIAN _____
Of operations _____

Of autopsy _____ 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. M. Chase (M. D. or other) 11
Address 217 Ex. Natl. Bank Bldg. Date signed 7/30/41

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

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.

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 Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline, 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.