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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25683**

Registration **FILED AUG 19 1941**

Primary Registration District No. **4033**

Registrar's No. **79**

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Earl Heath

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 41 hour 11 minute 5 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on 6-28 1941
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased June 28 1941
(Month) (Day) (Year)

Immediate cause of death Prematurity

Due to multiple pregnancy

Due to _____

Other conditions (Include pregnancy within 3 months of death) 159

8. AGE: Years Months Days If less than one day
3 hr. 45 min.

Major findings: Of operations _____
Of autopsy _____

9. Birthplace Lideon New Madrid Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

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? _____

MOTHER { 11. Industry or business _____

FATHER { 12. Name Hershel Lee Heath

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

14. Maiden name Luchie Payne

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

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

16. (a) Informant Hershel Lee Heath
(b) Address Lideon Missouri

17. (a) burial (b) Date thereof June 28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Gilead Cem.

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

18. (a) Signature of funeral director C. H. Mentemeyer
(b) Address Lideon Missouri

19. (a) June 29-1941 (b) Hubert M. Mason
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. number) _____
Address Lideon Date signed 7/1/41

035 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 841-1228

Date Filed 8-14-41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.