

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21757

Registration District No. 107

Primary Registration District No. 5586

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Rural--Marion Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route 3, Carthage  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 70 years (Specify whether years, months or days)  
In this community 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 3, Carthage  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country - - -

3. (a) PRINT FULL NAME Ephriam Amos Heisten

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

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

6. (b) Name of husband or wife Mary Heisten 6. (c) Age of husband or wife if alive - - years

7. Birth date of deceased October 5 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 8 9 hr. min.

9. Birthplace Fairfield County Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business None

12. Name Jacob Heisten  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Long  
15. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest L. Heisten

(b) Address S. Garrison Ave., Carthage

17. (a) Burial (b) Date thereof June 18, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery  
Knell Mortuary

18. (a) Signature of funeral director Carthage, Missouri  
(b) Address

19. (a) June 17, 1944 (b) E. Elizabeth Couplin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1944 hour 8 minute 12 M.

21. I hereby certify that I attended the deceased from April 1 1944 to June 16 1944; that I last saw him alive on June 12 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Duration

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 92d

Major findings: Of operations 92d 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? \_\_\_\_\_

23. Signature [Signature] (Specify type of place) (b) Means of injury [Signature]  
Address [Signature] Date signed 6-17-44

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

49 80

1203

44-6-543-

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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..... *Emmaline* .....

Licensed Embalmer No. *391* .....

P. O. Address..... *Carthage* .....

**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.