

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH
FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

53

State File No. _____

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 2

4
1/2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Audrain County
(b) City or town Mexico Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Emergency Room Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Ten minutes
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Barber Mo.
(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 MARTHA SUE HEASTON
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 3
year 1947 hour 1 minute 10 P.M.
21. I hereby certify that I attended the deceased from
1-3-47 to 1-3-47
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race White
6. (a) Single, widowed, married, divorced SINGLE
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: December 17th, 1946
(Month) (Day) (Year)

Immediate cause of death: Lobar pneumonia
Due to _____
Duration _____
Due to _____

8. AGE: Years _____ Months _____ Days _____
If less than one day 17 days hr. _____ min. _____

Other conditions: Malnutrition
(Include pregnancy within 3 months of death)
PHYSICIAN _____

9. Birthplace: Audrain Hospital Mexico, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Carl Douglas Heaston
13. Birthplace Davis Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Helen Bertie Stephens
15. Birthplace Kingston Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant Father
(b) Address Barber Missouri

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? _____

17. (a) Burial (b) Date thereof 1 4 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barber, Mo.

18. (c) Signature of funeral director W. S. Waters
(b) Address Vandalia, Mo.

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Frank Jolley (M. D. or other) MD
Address Mexico Date signed 1/3/47

19. (a) Jan 4 1947 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

RECEIVED
Health Officer N.
Number 1:47-124
JAN 16 1947
Date

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 William B. Waters
Licensed Embalmer No. 4292
P. O. Address Paulina 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.