

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22919

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5328 Registrar's No. 23-1949

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba, Twp</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neastung</u>	<u>28</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.S. #3</u>		d. STREET ADDRESS (If rural, give location) <u>R.S. #3</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Relia</u>	b. (Middle) <u>-</u>	c. (Last) <u>Heidenry</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>7</u> <u>27</u> <u>49</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec 17 - 1863</u>	9. AGE (In years last birthday) <u>85</u>	# UNDER 1 YEAR Months <u>7</u> Days <u>15</u>	# UNDER 1 MIN. Hours <u>15</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Raymond Heidenry</u>	13b. MOTHER'S MAIDEN NAME <u>Mary McQuirk</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Edward E. Jensen</u>	ADDRESS <u>3829 Maple Hill</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Thrombosis</u>		
	ANTECEDENT CAUSES		
	DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>H65X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30A. from the causes and on the date stated above.

23a. SIGNATURE <u>Ronald H. Scott</u> (Degree or title)	23b. ADDRESS <u>50. Bourbon, Mo.</u>	23c. DATE SIGNED <u>7-28-49.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-29-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SACRED HEART Cem.</u>	24d. LOCATION - City, town, or county (State) <u>Neastung, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-29-49</u>	REGISTRAR'S SIGNATURE <u>Lawrence A. Shanks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hankin</u>	ADDRESS <u>Cuba, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

NOV 19 1949

RECEIVED 8-8-49
District Health Officer No. 5,
District File Number F49565
Date Filed 8-13-49

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 _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed [Signature]
Student Embalmer No. _____
Licensed Embalmer No. 3472
P. O. Address Cuba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.