

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34682

81

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 4409 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Newburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Newburg	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Front Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Front Street			
3. NAME OF DECEASED a. (First) JENNIE		b. (Middle) HEFLIN	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) October 12, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 14, 1873
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House		10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (State or foreign country) Phelps County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Anthony	
13b. MOTHER'S MAIDEN NAME Martha --		14. NAME OF HUSBAND OR WIFE Terrell Heflin (Deceased).	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME Mrs. Oma Fore, Newburg Mo., ADDRESS
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Passive congestion of the pulmonary system due to myocardial insufficiency</i> ANECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hepatic congestion</i> DUE TO (c) <i>Valvular heart disease</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 36 hours	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		67th 5810	
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)	
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?	
22. I hereby certify that I attended the deceased from June 20, 1949, to Oct 12, 1949, that I last saw the deceased alive on 19, and that death occurred at 9:15 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Richard E. Myers M.D.</i>		23b. ADDRESS Newburg, Mo.	23c. DATE SIGNED Oct 12, 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 15, 1949	24c. NAME OF CEMETERY OR CREMATORY Mount Olive Cemetery	24d. LOCATION (City, town, or county) (State) near Newburg, Missouri
DATE REC'D BY LOCAL REG. 10-12-49	REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i> 380	25. FUNERAL DIRECTOR'S SIGNATURE Lee Johnson Funeral Home, Newburg Mo., ADDRESS	

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

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed 10/19/49

NOV 10 1949

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 \_\_\_\_\_

La Vega E. Brown

Student Embalmer No. 345

working under my personal supervision.

Student La Vega E. Brown  
Student Embalmer

Signed Paul E. Mull

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.