

FILED FEB 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3644

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6221 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Montevallo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Montevallo</u>	
c. LENGTH OF STAY (In this place) <u>8 WKS</u>		d. STREET ADDRESS (If usual, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Heistand</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 30 50</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7/12/1874</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Samuel Heistand</u>	13b. MOTHER'S MAIDEN NAME <u>Ivdia Ann Jackson</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Phillip Heistand</u>
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 ADDRESS <u>Mrs. Pearl Heistand Montevallo</u>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

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)	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 Nov-10 ¹⁹⁴⁹ to 1-30, 1950, that I last saw the deceased alive on 1-30, 1950, and that death occurred at 4:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Bannister M.D.</u> (Degree or title)	23b. ADDRESS <u>Sheldon</u>	23c. DATE SIGNED <u>1-30-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/1/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Olive Branch Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Vernon Co. Mo.</u>
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DATE REC'D BY LOCAL REG <u>Feb 3 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ruth Faith</u>	333	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sheldon</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

STATE OF MICHIGAN
DEPARTMENT OF HEALTH

RECEIVED
District Health Officer No. 7
District File Number 1-50-33
Date Filed 2-2-58

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed L. Charles Beery

Licensed Embalmer No. 42038

P. O. Address Sheldon MI.

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.