

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4657

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Windsor		c. CITY (If outside corporate limits, write RURAL and give township) Windsor 0421	
c. LENGTH OF STAY (In this place) 40 years		d. STREET ADDRESS (If rural, give location) 404 S. Franklin 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 404 S. Franklin			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Allen	c. (Last) Heary	4. DATE OF DEATH (Month) (Day) (Year) March 6 1950
-------------------------------------	--------------------	-------------------	-----------------	----------------------------------------------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 5, 1880	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 9	IF UNDER 4 HRS. Days 1
-------------	------------------------	---------------------------------------------------------------	-------------------------------	------------------------------------	--------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxi Driver-Ret.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
--------------------------------------------------------------------------------------------------------------	-----------------------------------	------------------------------------------------------	----------------------------------

13a. FATHER'S NAME John Heary	13b. MOTHER'S MAIDEN NAME Katherine Shuff	14. NAME OF HUSBAND OR WIFE
-------------------------------	-------------------------------------------	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rosie Heary, Windsor, Missouri
-------------------------------------------------------------------------------------------------------------	------------------------------	--------------------------------------------------------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs 4201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		
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	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) m.	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 Jan 1948 to March 12, 1950, that I last saw the deceased alive on March 12, 1950, and that death occurred at 5:30 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Florence Adair	23b. ADDRESS 4218	23c. DATE SIGNED 3-8-50
-------------------------------------------------	-------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-8-50	24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	24d. LOCATION (City, town, or county) (State) Windsor, Missouri
--------------------------------------------------	------------------	-----------------------------------------------	-----------------------------------------------------------------

DATE REC'D BY LOCAL REG. Mar-8-1950	REGISTRAR'S SIGNATURE Florence Adair	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Houston-Turner Windsor, Mo.
-------------------------------------	--------------------------------------	------------------------------------------------------------------

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

RECEIVED
District Health Officer No. 7
District File Number 7-50-190
Date Filed 3-12-50

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 _____

William M. Turner

Licensed Embalmer No. 4648

P. O. Address Thidder M.

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.