

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5787

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3006 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u> <u>0853</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>304. 506th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>304 506th St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louisa</u> b. (Middle) <u>Virginia</u> c. (Last) <u>Heifner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20th 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED (Never married, widowed, divorced) (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Aug 11th 1864</u>		9. AGE (In years last birthday) <u>85</u>		10. HOURS <u>6</u> MIN. <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>John Griffith</u>		13b. MOTHER'S MAIDEN NAME <u>Milinda Meadows</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs W. H. Thompson - Moberly Mo</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, asthma, 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>Fractured left hip, and left clavicle</u>		DUE TO (b) <u>Myocarditis, senility.</u>				<u>Oct 15/1949</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>none.</u>				<u>months.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>69030</u> <u>20</u>	

19a. DATE OF OPERATION <u>Oct. 28/1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fractured hip. Oct. 28/49.</u> <u>129</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Moberly, Randolph, Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell onto floor getting out of bed during the night.</u>	

22. I hereby certify that I attended the deceased from Oct. 15, 1949, to Feb. 16, 1950, that I last saw the deceased alive on Feb. 16, 1950, and that death occurred at 8:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Describe of title) <u>D. L. E. Weber, M.D.</u>		23b. ADDRESS <u>400 1/2 W. Reed St. Moberly, Mo.</u>		23c. DATE SIGNED <u>2/21/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 22nd 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>2-22-50</u>		REGISTRAR'S SIGNATURE <u>Seal William Louis</u> <u>269</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mahon and Son, Moberly, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48883
1

MAR 6 1950

RECEIVED FEB 27 1950
District Health Officer No. 12
District File Number 2-58-12
Date Filed FEB 27 1950

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.

Signed Frank D. De Witt

Signed.....
Student Embalmer

Licensed Embalmer No. 3821

P. O. Address Molokai, 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.