

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12750

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u> <u>0451</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Lee Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Anthony</u>	b. (Middle) <u>Francis</u>	c. (Last) <u>Heying</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Apr. 26, 1950</u>

5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 28 1867</u>	9. AGE (In years last birthday) <u>82</u>	10. UNDER 1 YEAR Months <u>8</u> Days <u>0</u>	11. UNDER 1 YEAR Hours <u>0</u> Min.
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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 <u>Farm Owner</u>	11. BIRTHPLACE (State or foreign country) <u>Montgomery Co. Mo.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Lawrence Heying</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Perkins</u>	14. NAME OF HUSBAND OR WIFE <u>Matilda Sleyster</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tony Heying Jr.</u> ADDRESS <u>Fayette, 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>3rd. Degree Burn Face & Body</u>		<u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>59160</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>16</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) <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>Fayette</u> <u>Howard</u> <u>Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Gas Explosion</u>

22. I hereby certify that I attended the deceased from 4-26, 1950, to 4-26, 1950, that I last saw the deceased alive on 4-26, 1950, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. J. Bloom M.D.</u>	23b. ADDRESS <u>Fayette, Mo</u>	23c. DATE SIGNED <u>4-28-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4/29/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glasgow Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Glasgow</u> <u>Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-29-50</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	456	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u> ADDRESS <u>Fayette, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

3451

RECEIVED MAY 2
District Health Officer No. 3

District File Number _____

Date Filed 5/4/52

MAY 18 1952

MAY 10 1952

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 Dalsh A. Cass
Licensed Embalmer No. 3340

P. O. Address Fayette 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.