

FILED MAY 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13873

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4336 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE (AI)</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-MARION TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-JACKSON TWP.</u>	
c. LENGTH OF STAY (in this place) <u>3 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 1, PARIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. HOLLIDAY, MO.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u> b. (Middle) <u>LAVINA</u> c. (Last) <u>HEATHMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 28, 1950</u>		
---	--	--	--	--	--

5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN 7, 1857</u>		9. AGE (In years last birthday) <u>93</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>21</u> IF UNDER 12 HRS. Hours <u>-</u> Min. <u>-</u>	
----------------------	--	-------------------------------	--	---	--	-------------------------------------	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>KY.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
--	--	---	--	--	--	--	--

13a. FATHER'S NAME <u>CLAY PARRISH</u>		13b. MOTHER'S MAIDEN NAME <u>SALLIE KERR</u>		14. NAME OF HUSBAND OR WIFE <u>SIDNEY HEATHMAN</u>	
--	--	--	--	--	--

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>/</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. DALLAS KREMBE</u> ADDRESS <u>HOLLIDAY, MO.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>years</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) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4222</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 April 9, 1950, to April 28, 1950, that I last saw the deceased alive on April 9, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Turner</u> (Degree or title)		23b. ADDRESS <u>D.O. Madison, Mo.</u>		23c. DATE SIGNED <u>4-29-50</u>	
---	--	---------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR. 30, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>PARIS MO.</u>	
---	--	--------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>5-3-50</u>		REGISTRAR'S SIGNATURE <u>Anne M. Burdette</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed Blakey</u> ADDRESS <u>PARIS, MO.</u>	
--	--	---	--	--	--

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

6690

MAY 1 2 1950

RECEIVED  
MAY 10 1950  
District Health Officer No.  
District File Number 5-50-5  
Date Filed

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 E. H. Agnew

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri

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.