

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19136

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 90

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) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>515 S. Main</u>		d. STREET ADDRESS (If rural, give location) <u>515 S. Main</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>L.</u> c. (Last) <u>Heyler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May, 21, 50</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>4-17-1862</u>		9. AGE (In years last birthday) <u>88</u>		10. IF UNDER 1 YEAR Days <u>3</u> IF UNDER 24 HRS. Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager Lumber yard</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber Retail</u>		11. BIRTHPLACE (State or foreign country) <u>Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Heyler</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give no. or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Heyler - Nevada, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/20/50</u>						INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 1-7, 1948, to 5-21, 1950, that I last saw the deceased alive on 5-17, 1950, and that death occurred at 6A m., from the causes and on the date stated above.

23a. SIGNATURE <u>F L Martin</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Nevada MO</u>		23c. DATE SIGNED <u>5-27-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>5-24-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newton Rural Bur.</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada MO</u>	
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DATE REC'D BY LOCAL REG. <u>June 5-1950</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Spencer</u>		331 FUNERAL DIRECTOR'S SIGNATURE <u>H. Spencer</u>		ADDRESS <u>Funeral Home, Nevada MO</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD.

RECEIVED 6-10-50  
District Health Officer No. 7  
District File Number 5-50-621  
Date Filed 6-10-50

DEC 30 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.

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

Signed Mark Cichinski

Licensed Embalmer No. 2856

P. O. Address Peewada, 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.