

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31006
State File No. 82116
Registrar's No. 8

BIRTH NO. _____ REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 4301

0580

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Meadville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bucklin, Mo</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>InoneCare</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lennie</u> b. (Middle) <u>Heaton</u> c. (Last) <u>Seo</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2-50</u>
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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>March 24, 1872</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Days <u>5</u>	IF UNDER 10 HRS. Hours <u>8</u>	IF UNDER 1 MINS. Mins. <u>0</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		11. BIRTHPLACE (State or foreign country) <u>Linn County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	

13a. FATHER'S NAME <u>Flex Redding</u>	13b. MOTHER'S MAIDEN NAME <u>Cecilia Williams</u>	14. NAME OF HUSBAND OR WIFE <u>Ebbie Neal Heaton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Viola Lacer</u>	ADDRESS <u>Bucklin, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>4 yrs.</u> <u>2520</u> <u>1 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>congestive 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>hyperthyroidism</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>metastatic cancer right breast</u>			

19a. DATE OF OPERATION	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) (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 June, 1947, to Sept., 1950, that I last saw the deceased alive on Aug., 1950, and that death occurred at 5:15 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Philip A. Ottman M.D.</u>	23b. ADDRESS <u>Marceline, Mo.</u>	23c. DATE SIGNED <u>9/4/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-4-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Marceline Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 4, 1950</u>	REGISTRAR'S SIGNATURE <u>Chris A. Masters</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>James McLaughlin</u>	ADDRESS <u>Marceline</u>
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Date Received: **SEP 18 1960**
DISTRICT HEALTH OFFICE #2
District File Number 9-50-15
Date Filed: **SEP 19 1960**

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 _____

Francis L. Schubert

Licensed Embalmer No. 4513

P. O. Address Marceline 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.