

FILED SEP 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32412

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 4-530 REGISTRAR'S NO. 140

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

3. NAME OF DECEASED (Type or Print) a. (First) <u>"Tim" Jacob</u> b. (Middle) <u>Tilmon</u> c. (Last) <u>Headrick.</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>2nd</u> Year <u>1950</u>
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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>Nov., 7th, 1879.</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 60 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farm & Stockman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm & Stockman</u>	11. BIRTHPLACE (State or foreign country) <u>Louisiana, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Headrick</u>	13b. MOTHER'S MAIDEN NAME <u>Arriet Tinton</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Z. Hartman.</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. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John T. Headrick</u>	ADDRESS <u>Bartlesville, Okla</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 <u>6 hours</u> <u>4 year</u> <u>1201</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) _____
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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? _____
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22. I hereby certify that I attended the deceased from July 15, 1949, to Sept 2, 1950, that I last saw the deceased alive on Sept 2, 1950 and that death occurred at 1:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter J. Juby</u>	23b. ADDRESS <u>Mt. Scott, Kansas</u>	23c. DATE SIGNED <u>Sept 4, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 7th '50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Deerfield</u>	24d. LOCATION (City, town, or county) (State) <u>Vernon, MO.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 5, 50</u>	REGISTRAR'S SIGNATURE <u>Ruthann H. Yancy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>O. J. Cheney</u>	ADDRESS <u>Ft. Scott, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED SEP 15 1950

Dist. File 950-1920

Date Filed: 9-19-50

MAY 10 7 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 _____

O. A. Charney

Signed _____

Student Embalmer

Licensed Embalmer No. 2613

P. O. Address Ft. Scott, Kansas.

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.