

FILED OCT 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34509

941

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 334

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>		
b. CITY OR TOWN <u>Bonne Terre</u>		c. LENGTH OF STAY (In this place) <u>12 hrs.</u>	c. CITY OR TOWN <u>Farmington 0941</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>5. "A" ST.</u>		
3. NAME OF DECEASED (Type or Print) <u>Ella</u>		a. (First)	b. (Middle) <u>Heifner</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH Year <u>unk. 1863</u>	9. AGE (In years last birthday) <u>87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>unk.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>unk.</u>		13b. MOTHER'S MAIDEN NAME <u>unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Tom Heifner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ida Schwartz, Farmington, Mo</u>	
18. CAUSE OF DEATH Enter only one cause for line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			443 X
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>Generalized arteriosclerosis</u>			
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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)	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 <u>9-17, 1950</u> , to <del>10-9</del> <u>10-9, 1950</u> , that I last saw the deceased alive on <u>10-8, 1950</u> , and that death occurred at <u>6 A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>H. H. Knott, MD</u> (Degree or title)			23b. ADDRESS <u>Farmington, Mo</u>		23c. DATE SIGNED <u>10-10-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/10/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Bismark Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 11, 1950</u>	REGISTRAR'S SIGNATURE <u>Ethel D. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miller Funeral Home, Farmington Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT 16 1950

RECEIVED

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed.....  
Student Embalmer

Signed Paul H. Dugal

Licensed Embalmer No. 4120

P. O. Address Lanham, Texas

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.