

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20767

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 526L Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <del>XXXXXX</del> Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. COUNTY Marion.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Palmyra, Missouri.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal, Missouri. 1344	
d. FULL NAME OF HOSPITAL OR INSTITUTION Maple Lawn Rest Home		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Hevenridge	c. (Last) Hevenridge	4. DATE OF DEATH (Month) (Day) (Year) June, 14, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May, 15, 1951	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 29	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist	10b. KIND OF BUSINESS OR INDUSTRY Drug	11. BIRTHPLACE (State or foreign country) Monroe County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Samuel Hevenridge	13b. MOTHER'S MAIDEN NAME Mary Ann Myers	14. NAME OF HUSBAND OR WIFE Effie Hevenridge
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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) No None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Hattie Blue Perry, Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331x	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 6-11, 1951, to 6-14, 1951, that I last saw the deceased alive on 6-11, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edith Lusk</u> (Degree or title) M.D.	23b. ADDRESS Hannibal, Missouri.	23c. DATE SIGNED 6-14-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-15-1951	24c. NAME OF CEMETERY OR CREMATORY Hevenridge Cemetery	24d. LOCATION (City, town, or county) (State) Monroe County, Mo.
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DATE REC'D BY LOCAL REG. 6/18/51	REGISTRAR'S SIGNATURE <u>Edith Lusk</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton Wilkey</u>	ADDRESS Perry, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

640  
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JUN 17 1951

RECEIVED

JUN 17 1951

MARION CO. HEALTH DEPT.

DATE FILED JUN 17 1951

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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: Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.