

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20817

State File No.

FILED JUN 30 1951

BIRTH NO. _____ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 5810 Registrar's No. 39

5700
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1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rhineland Mo. Rural</u>) c. LENGTH OF STAY (in this place) <u>Route T.P.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rhineland, Mo. Rural Route T.P.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>T.P.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Edward</u> c. (Last) <u>Heane</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 25-1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>March 9th 1949</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Washington, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Lawrence Heane</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Ann Bowlston</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Ann Heane</u> ADDRESS <u>Rhineland Mo.</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DROWNING</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>69290</u> <u>22</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 (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Americus - Louisa Co. Montgomery Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 25 1951 10:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>unknown</u>

22. I hereby certify that I attended the deceased from 25 June 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Clément L. Lina</u>	(Degree or title)	23b. ADDRESS <u>Montgomery City Mo</u>	23c. DATE SIGNED <u>25 June 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 27-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Starkenburg, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>South of Americus, Mo.</u>

DATE REC'D BY LOCAL REG. <u>June 26 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Eunice Bush</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Barbara Taylor</u>	ADDRESS <u>Americus, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

L. B. Baker

Signed _____

Student Embalmer

Licensed Embalmer No. 3375

P. O. Address Americus, 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.