

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34245

State File No.

FILED NOV 15 1951

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4286 Registrar's No. 91

560
1

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

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaGrange, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaGrange	
c. LENGTH OF STAY (In this place)		1560	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) John Phillip	b. (Middle) Heather	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Nov. 2, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 18, 1876	9. AGE (In years last birthday) Months Days Hours Min. 75
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Express messenger	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) LaGrange, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Heather	13b. MOTHER'S MAIDEN NAME Mary Meyer	14. NAME OF HUSBAND OR WIFE Mary Elizabeth Fleer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 499 05 7592	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. John Heather LaGrange, Mo.,
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 Day 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis 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 4201	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) (m.)	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 **April 3, 1950**, to **Nov 2, 1951**, that I last saw the deceased alive on **Nov 2, 1951**, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE, (Degree or title) Maude Y. Davis M.D.	23b. ADDRESS LaGrange, Mo.	23c. DATE SIGNED Nov 3-1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 5, 1951	24c. NAME OF CEMETERY OR CREMATORY Riverview	24d. LOCATION (City, town, or county) (State) LaGrange, Missouri
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DATE REC'D BY LOCAL REG. 11-8-51	REGISTRAR'S SIGNATURE P. J. Jennings M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Kenneth Bailey LaGrange, Mo.
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(Licensed Embalmer's Stamp on Reverse Side)

11-28-08

Date Received: NOV 13 2008
DISTRICT HEALTH OFFICE #2
District File Number 11-51-2008
Date Filed: NOV 13 2008

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 *J Kenneth Bailey*
Licensed Embalmer No. *4248*
P. O. Address *La Grange, 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.