

DEC 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

40351

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY <u>Saline</u> <u>6972</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> <u>6972</u>	
c. LENGTH OF STAY (In this place) <u>8 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>625 North English</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>At Red Comb P. Mills Inc. 324 North Odell</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>Russell</u>	c. (Last) <u>Heiman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec.</u> <u>6</u> <u>1951</u>
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 14-1924</u>	9. AGE (In years) (Month) (Day) (Min.) <u>27</u> <u>10</u> <u>22</u>	IF UNDER 1 YEAR	IF UNDER 1 HR.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mill Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sacked Feed</u>	11. BIRTHPLACE (State or foreign country) <u>Dalton, Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles L. Heiman</u>	13b. MOTHER'S MAIDEN NAME <u>Sallie Mae Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Florence Dennis Heiman</u>
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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) <u>Yes</u> <u>World War 2</u>	16. SOCIAL SECURITY NO. <u>500-20-1989</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James R. Heiman-Marshall, Mo.</u>	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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Neck base of skull</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Due to a ten foot fall on head -</u>		
	DUE TO (c) <u>E9026</u> <u>45</u>		
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 <u>099</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	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) <u>Dec-6 1951 4:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Accidently fell on head (10 ft)</u>
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22. I hereby certify that I attended the deceased from Marshall, Mo. 12/7/51, 1951, that I last saw the deceased alive on 12/7/51, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. L. Lawless Coroner Saline & Marshall Mo.</u>	23b. ADDRESS	23c. DATE SIGNED <u>12-8-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/7/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 8-1951</u>	REGISTRAR'S SIGNATURE <u>Widney T. Gray</u> <u>385</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lealie Surrency</u>	ADDRESS <u>Marshall, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NOV 10 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed _____

APR 15 1952

DEC 15 1951

DEC 15 1951

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. Leslie Sweeney

Licensed Embalmer No. *3235*

P. O. Address *Marshall, 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.