

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23263

State File No. 138

No. 300
10.49

MAILED
7-14-52 JUL 14 1952

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 6685		Registrar's No. 138	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Clay</u>		c. LENGTH OF STAY (in this place) <u>65 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Clay</u>		99711	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 Miles South East of Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>10 Miles SE Slatts Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>RUDOLPH</u> c. (Last) <u>HEUMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July-5-1952</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept-10-1863</u>	
9. AGE (In years last birthday) <u>88-9-25</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Raising</u>		11. BIRTHPLACE (State or foreign country) <u>Slatts Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henry Heuman</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Crow</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Heuman</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, see below) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Clara Heuman</u> ADDRESS <u>Slatts 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Nephritis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Diabetes</u>					<u>30 yrs</u>
		DUE TO (c) <u>Chronic Tuberculous Nephritis</u>					<u>2 yrs</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension Arteriosclerosis</u>					<u>4 1/2</u>
19a. (DATE OF OPERATION) <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>Oct 7</u> , 19 <u>51</u> to <u>7-4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-5</u> , 19 <u>52</u> , and that death occurred at <u>12:15 pm</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. J. Lee, M.D.</u>				23b. ADDRESS <u>Slatts Mo</u>		23c. DATE SIGNED <u>7/5/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-6-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slatts City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Slatts Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 6-1952</u>		REGISTRAR'S SIGNATURE <u>Widney S Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. E. Jones, Slatts Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 2 1958

JUL 24 1958

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 *James Edwin Jones*
Licensed Embalmer No. *3143*
P. O. Address *State 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.