

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **23518**

**WED AUG 11 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **078**

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>ADAIR</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Marion</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KIRKSVILLE</b> |  | c. LENGTH OF STAY (in this place) <b>4 Mo. 20 Days</b>   |  |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ethel</b>      |  | d. STREET ADDRESS (If rural, give location) <b>0610</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>COMMUNITY NURSING HOME</b>                          |  |  |  |

|   |                               |   |  |   |  |                           |
|---|-------------------------------|---|--|---|--|---------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>MARTHA</b> b. (Middle) <b>JANE</b> c. (Last) <b>HEATON</b> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>AUG 7 1952</b> |   |  |                           |
| 5. SEX <b>FEMALE</b>  | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b> | 8. DATE OF BIRTH <b>NOV. 13, 1959</b>                      | 9. AGE (in years last birthday) <b>93</b> | IF UNDER 1 YEAR Months Days                    | IF UNDER 1 HR. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>    |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>                         | 11. BIRTHPLACE (State or foreign country) <b>WISCONSIN</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>UNITED ST.</b> |                           |

|                                       |  |  |
|---------------------------------------|--|--|
| 13a. FATHER'S NAME <b>SAMUEL BELL</b> | 13b. MOTHER'S MAIDEN NAME <b>MARY TAYLOR</b> | 14. NAME OF HUSBAND OR WIFE <b>ALEXANDER J. HEATON</b> |
|---------------------------------------|--|--|

|   |                                     |   |                   |
|---|-------------------------------------|---|-------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>NONE</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Freddie James Colmen</b> | ADDRESS <b>Mo</b> |
|---|-------------------------------------|---|-------------------|

|  |  |  |  |                                  |
|--|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <b>MYOCARDIAL DAMAGE</b>  |  | INTERVAL BETWEEN ONSET AND DEATH |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>ADHESIVE PERICARDITIS</b> |  |                                  |
|  |  | DUE TO (c) <b>PREVIOUS PERICARDIAL INFLAMMATION.</b>   |  |                                  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                              |  |                                  |

|                                    |  |  |
|------------------------------------|--|--|
| 19a. DATE OF OPERATION <b>NONE</b> | 19b. MAJOR FINDINGS OF OPERATION <b>NONE</b> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------------|--|--|

|   |  |   |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>          | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>1-343</b> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>NONE</b> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?                                      |

22. I hereby certify that I attended the deceased from **8-17**, 1952, to **Aug 7, 1952**, that I last saw the deceased alive on **Aug 6**, 1952, and that death occurred at **11:00 A.M.**, from the causes and on the date stated above.

|  |   |                                |
|--|---|--------------------------------|
| 23a. SIGNATURE <b>David W. Boone</b> (Degree or title) <b>MD</b> | 23b. ADDRESS <b>1000 W. 1st St. Kirksville Mo</b> | 23c. DATE SIGNED <b>8-7-52</b> |
|--|---|--------------------------------|

|  |                             |   |   |
|--|-----------------------------|---|---|
| 24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>Aug 9 1952</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>BELL CEMETERY</b> | 24d. LOCATION (City, town, or county) (State) <b>Ethel Mo</b> |
|--|-----------------------------|---|---|

|  |   |  |                         |
|--|---|--|-------------------------|
| DATE REC'D BY LOCAL REG. <b>8-7-52</b> | REGISTRAR'S SIGNATURE <b>Kate Lambert</b> | 25. FEDERAL DIRECTOR'S SIGNATURE <b>Thomas James</b> | ADDRESS <b>Ethel Mo</b> |
|--|---|--|-------------------------|

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

4013  
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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.....

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.