

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27831

State File No. ....

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

AUG 18 1952

BIRTH NO. ....		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>81</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>Harrison</u> <sup>0411</sup>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Harrison</u>		
c. LENGTH OF STAY (In this place) <u>2 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u> <sup>0411</sup>		d. STREET ADDRESS (If rural, give location) <u>West Miller St.</u>		OR TOWN <u>Bethany</u> <sup>0</sup>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lacy Convalescent Home</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)					
a. (First) <u>Lewis</u>	b. (Middle) <u>Stephen</u>	c. (Last) <u>Hefner</u>	8	11	1952			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>November 30, 1876</u>		
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>8</u>		IF UNDER 12 HRS. Hours <u>11</u>		IF UNDER 24 HRS. Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, as on it rested) <u>Retired lumberman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William L. Hefner</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Easton</u>			14. NAME OF HUSBAND OR WIFE <u>Ollie Hefner</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Delpha Bolz</u> ADDRESS <u>Bethany, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>				3 days		
		ANTECEDENT CAUSES						
		DUE TO (b) <u>General debilitation</u> DUE TO (c) <u>Cerebral hemorrhage with hemiplegia and contractures</u>				6 months		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture left hip</u>				2 1/2 years		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				8 mos.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				352 X F		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>1-15, 1950</u> , to <u>8-11, 1952</u> , that I last saw the deceased alive on <u>8-10, 1952</u> , and that death occurred at <u>5 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Leonard R. Lee, M.D.</u> (Degree or title)				23b. ADDRESS <u>Bethany, Mo.</u>		23c. DATE SIGNED <u>8-13-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-13-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miriam</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8/13/52</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u> <sup>116</sup>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.B. Haas</u> ADDRESS <u>Bethany, Mo.</u>				

SEP 5 1963

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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 MBH

Licensed Embalmer No. 3899

P. O. Address Bethany 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.