

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32242

State File No.

FILED OCT 9 1952

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY <u>Madison Co., Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY OR TOWN <u>La Plata Mo.</u>		c. CITY OR TOWN <u>La Plata</u> 0610	
c. LENGTH OF STAY (in this place) <u>58 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>C</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Henry L. Heather</u>	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 23 1952</u>
-------------------------------------	------------------------------------	-------------	-----------	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3-16-1896</u>	9. AGE (In years last birthday) <u>66</u>	10. UNDER 1 YEAR <u>6</u>	11. UNDER 24 HRS. <u>7</u>
-----------------	----------------------------	---	-----------------------------------	---	---------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labour</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>For Hire</u>	11. BIRTHPLACE (State or foreign country) <u>Madison Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>John Heather</u>	13b. MOTHER'S MAIDEN NAME <u>Marian Harris</u>	14. NAME OF HUSBAND OR WIFE <u>Margetta Heather</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>498-07-7058</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marjorie Heather</u>	ADDRESS <u>La Plata 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>instantaneous</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 March 1, 1952, to Sept. 23, 1952, that I last saw the deceased alive on Sept. 23, 1952 and that death occurred at 4 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Arnold D. Keith</u> (Type or Print)	23b. ADDRESS <u>La Plata Mo.</u>	23c. DATE SIGNED <u>9-23-52</u>
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>La Plata Mo.</u>
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Sept. 26-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. D. B. Griffin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. S. Christie</u>	ADDRESS <u>La Plata Mo.</u>
---	---	--	-----------------------------

MAHON COUNTY HEALTH DEPARTMENT
COUNTY FILE NO. 10.58.141
DATE FILED 10.27.58
9.30.58

(15)

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 D.S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.