

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. PICKENS **3471**
State File No. **201**

FILED FEB 28 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON	
c. LENGTH OF STAY (In this place) 3 DAYS		4442	
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSP.		d. STREET ADDRESS (If rural, give location) 227 CRANDON DR.	

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) OWENS	c. (Last) HEAVENER	4. DATE OF DEATH (Month) (Day) (Year) FEB. 23, 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 13 1895	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN	10b. KIND OF BUSINESS OR INDUSTRY FACTORY REPRE.	11. BIRTHPLACE (State or foreign country) CAMDEN, WEST VIRGINIA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JAMES HEAVENER	13b. MOTHER'S MAIDEN NAME RUTH	14. NAME OF HUSBAND OR WIFE TESS BERTMAN HEAVENER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME TESS HEAVENER ADDRESS SLAYTON, MO.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Years. Days.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial pneumonia. 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"/>
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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) Springfield Greene, Mo.
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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? _____
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22. I hereby certify that I attended the deceased from Feb. 20, 1953 to Feb. 23, 1953, that I last saw the deceased alive on Feb. 23, 1953 and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree & title) E. Allan Pickens, M.D.	23b. ADDRESS 407 Medical Arts Building	23c. DATE SIGNED 2-24-53
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24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL	24b. DATE 2/25/53	24c. NAME OF CEMETERY OR CREMATORY Bridgeport	24d. LOCATION (City, town, or county) (State) Marshall, Missouri
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DATE REC'D BY LOCAL REG. 2/24/53	REGISTRAR'S SIGNATURE Deputy Registrar	25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER ADDRESS SPRINGFIELD, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

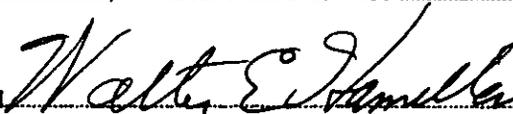
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3808

P. O. Address SPRINGFIELD, 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.