No. 300
10-48

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

FILED JUN 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18933

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5943 Registrar's No. 111

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Spring Creek twp.
c. LENGTH OF STAY (In this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 63 N. of Edgar Spgs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN: Rural-Spring Creek
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Highway 63 N. of Edgar Springs

0810

3. NAME OF DECEASED (Type or Print)
a. (First): ANVIL
b. (Middle): HARDY
c. (Last): HEAVIN

4. DATE OF DEATH (Month) (Day) (Year): May 21, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 9, 1875
9. AGE (In years last birthday): 78 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (City and State or Foreign Country): Phelps County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Joseph Heavin
13b. MOTHER'S MAIDEN NAME: Martha Fleming
14. NAME OF HUSBAND OR WIFE: Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Sarah Heavin — ADDRESS: Edgar Springs, Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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) Mitral insufficiency — INTERVAL BETWEEN ONSET AND DEATH: Several

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Bad passive congestion — Weeks
DUE TO (c) Mitral heart disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death* + Cardiac asthma

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 410X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 6, 1945, *to* May 18, 1953, *that I last saw the deceased alive on* May 18, 1953, *and that death occurred at* 12:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Richard E. Myers M.D.
23b. ADDRESS: Newburg, Mo.
23c. DATE SIGNED: May 22, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 24, 1953
24c. NAME OF CEMETERY OR CREMATORY: Brookshire Cemetery
24d. LOCATION (City, town, or county) (State): Phelps County, Mo.

DATE REC'D BY LOCAL REG.: May 26, 1953
REGISTRAR'S SIGNATURE: Nadine L. Stoll
25. FUNERAL DIRECTOR'S SIGNATURE: Paul E. Null — ADDRESS: Rolla, Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Filed 6-2-53

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Paul E. Mul

Licensed Embalmer No....4498

P. O. Address....Rolla, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.