

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21974**

BIRTH NO. **FILED JUN 19 1953** REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **5597** Registrar's No. **61**

2500
4

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jefferson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jefferson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joachim Township | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus, Missouri | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. View Nursing Home | | d. STREET ADDRESS (If rural, give location) 701 North 6th | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) Jane c. (Last) Heddell | | 4. DATE OF DEATH (Month) (Day) (Year) June 10 1953 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH (Last birthday) (Month) (Day) (Year) (Hours) (Min.) Jan. 6, 1864 89 4 5 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and State or Foreign Country) Jefferson County, Mo. |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME James Etherton | |
| 13b. MOTHER'S MAIDEN NAME Elizabeth Cook | | 14. NAME OF HUSBAND OR WIFE Deceased | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs. Essie Cockerham, Festus, Mo. | | ADDRESS | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Disease 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. Fractured Hip. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4221 F | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH Worse 2 Days About 3 Mo. | |
| 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 May 25, 1953 , to June 10, 1953 , that I last saw the deceased alive on June 10, 1953 , and that death occurred at 11:25 hr. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) R. D. Small, O.M.D. | | 23b. ADDRESS Crystal City, Mo. | |
| 23c. DATE SIGNED 1953 June 12 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6/13/53 | 24c. NAME OF CEMETERY OR CREMATORY City | 24d. LOCATION (City, town, or county) (State) Crystal City, Mo. |
| DATE REC'D BY LOCAL REG. 6-14-53 | REGISTRAR'S SIGNATURE Henry R. Polite | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James R. Cady Crystal City, Mo | |

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JUN 17 1953

JUN 25 1953

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 James Richard Cadry
Licensed Embalmer No. 4309
P. O. Address CRYSTAL CITY, 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.