o.300
0.48

FILED JUL 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25513

State File No. 6

BIRTH NO. _____ REG. DIST. NO. 392 PRIMARY REG. DIST. NO. 5649 Registrar's No. _____

550
1

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

1. PLACE OF DEATH
a. COUNTY: LAWRENCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PIERCE City Township
c. LENGTH OF STAY (in this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 Miles West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: NEWTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANBY 0730
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): Luella
b. (Middle):
c. (Last): Heilig

4. DATE OF DEATH (Month) (Day) (Year): 7-16-1953

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: 11-16-1881
9. AGE (In years last birthday): 71 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): ALABAMA 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph R. Bartee
13b. MOTHER'S MAIDEN NAME: Betty Dillard
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Walter Looney RT 2 Pierce City Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

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: 331X
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* July 6, 1953, *to* July 16, 1953, *that I last saw the deceased alive on* July 16, 1953, *and that death occurred at* 10:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles S Moore D.O.
23b. ADDRESS: Pierce City, Mo.
23c. DATE SIGNED: 7/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-19-1953
24c. NAME OF CEMETERY OR CREMATORY: DICE
24d. LOCATION (City, town, or county) (State): FAIRVIEW MISSOURI

DATE REC'D BY LOCAL REG.: 7-18-53
REGISTRAR'S SIGNATURE: John P. Davis 467
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: F. E. Skewmake Jr., Granby, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 F. E. Shewmaker Jr.

Licensed Embalmer No. 4923

P. O. Address Granby, Mo.

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

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