

FILED OCT 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31642

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5551</u>		Registrar's No. <u>29</u>		
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jarvis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>		d. STREET ADDRESS (If rural, give location) <u>Jainville Rt</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u>				d. STREET ADDRESS (If rural, give location) <u>Jainville Rt</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jewie</u> b. (Middle) <u>Lawrence</u> c. (Last) <u>Hearn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-14-53</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>10-25-1881</u>		
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Leota, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>	
13a. FATHER'S NAME <u>J. L. Hearn</u>			13b. MOTHER'S MAIDEN NAME <u>Beula Beel</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa E. Hearn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nubert Hearn, Howells Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia</u>		DUE TO (b) <u>Chronic myocarditis</u>					1 week	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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) <u>4222</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>9/10/53</u> , 19 <u>53</u> , to <u>9/14/53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9/10/53</u> , 19 <u>53</u> , and that death occurred at <u>6:00</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>H. Callahan, M.D.</u> (Degree or title)				23b. ADDRESS <u>West Plains, Missouri</u>		23c. DATE SIGNED <u>9-28-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Big Spring</u>		24d. LOCATION (City, town, or county) (State) <u>Howells Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-6-53</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>379 St. Charles</u>		ADDRESS <u>West Plains Mo</u>		

(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

D. S. Roberts

Licensed Embalmer No. *3432*

P. O. Address *West Hill N.Y.*

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.