

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38381

State File No.

FILED NOV 27 1953

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 4

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|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> | |
| b. CITY OR TOWN <u>Poplar Bluff</u> | c. LENGTH OF STAY (In this place) <u>Life</u> | c. CITY OR TOWN <u>Poplar Bluff</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>201 Marshall</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Nettie</u> b. (Middle) <u>H</u> c. (Last) <u>Heifner</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11-10-53</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>1-26-80</u> |
| 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u> |
| | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>John Million</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>William Heifner</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Williwm Heifner</u> ADDRESS <u>Poplar Bluff Mo.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral accident</u> | | |
| | | ANTECEDENT CAUSES | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 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) <u>331X</u> |
| 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 10-22, 1953, to 11-10, 1953, that I last saw the deceased alive on 11-10, 1953, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

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|---|---------------------------------------|----------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Poplar Bluff, Mo.</u> | 23c. DATE SIGNED <u>11-11-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-12-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Carson Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>Carter Co., Mo.</u> |
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| DATE RECD BY LOCAL REG. <u>11/16/53</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Greer Croy & Fitch</u> ADDRESS <u>Poplar Bluff, Mo.</u> |
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
NOV 23 1953
BUTLER CO. HEALTH CENTER
FILE No. _____

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 _____
Signature of Student Embalmer

Signed Joseph R. Matlock

Licensed Embalmer No. 4824

P. O. Address Butler, Pa.

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

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