

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **42649**

FILED JAN 4<sup>th</sup> 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bethany</b>		c. LENGTH OF STAY (in this place) <b>3 yr</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bethany</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bethany Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>Nelbun Hotel</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bert</b> b. (Middle) _____ c. (Last) <b>Heaston</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-23-53</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED? <b>Divorced</b>	8. DATE OF BIRTH <b>8-8-1889</b>		9. AGE (In years last birthday) <b>64</b>
10a. USUAL OCCUPATION (Give kind of work requiring most of working life, even if retired) <b>Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Tobacco Store</b>		11. BIRTHPLACE (State or foreign country) <b>Bethany Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Leonard Heaston</b>		13b. MOTHER'S MAIDEN NAME <b>May McClure</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Victor Heaston</b>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
			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			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) <b>4201</b>	
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 <b>Nov 16, 1953</b> , to <b>Dec 23, 1953</b> , that I last saw the deceased alive on <b>Dec 23, 1953</b> , and that death occurred at <b>7:20 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Miriam Seashart MD</b>			23b. ADDRESS <b>Bethany Mo</b>		23c. DATE SIGNED <b>12/30/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-26-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Miriam</b>		24d. LOCATION (City, town, or county) (State) <b>Bethany Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12/31/53</b>		REGISTRAR'S SIGNATURE <b>Zola Burris</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. ...</b>	
				ADDRESS <b>Bethany Mo.</b>	

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..... *W B Haas* .....

Licensed Embalmer No. *3899* .....

P. O. Address *Bethany 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.