

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8417**

BIRTH NO. **FILED APR 8 1954** REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **3024** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Howard	
b. CITY OR TOWN Fayette	c. LENGTH OF STAY (in this place) 4 WKS	c. CITY OR TOWN Fayette	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 Lee Hospital		e. STREET ADDRESS (If rural, give location) 804 W. Davis St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Julius	b. (Middle) Frank	c. (Last) Heying	4. DATE OF DEATH (Month) (Day) (Year) Mar. 29, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 3, 1884	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 8 Days 26	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Ladies Ready to Go	11. BIRTHPLACE (City and State or Foreign Country) Wear Rhineland, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Heying	13b. MOTHER'S MAIDEN NAME Gosena Fredericka Verholt	14. NAME OF HUSBAND OR WIFE Grace Ellen Monroe
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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) NO	16. SOCIAL SECURITY NO. 492-12-4900	17. INFORMANT'S SIGNATURE OR NAME Mrs Julius Heying	ADDRESS Fayette, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Prostate		4 2/3
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Involving Bowel DUE TO (c) 177X		2 2/3
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Feb 15-54	19b. MAJOR FINDINGS OF OPERATION Metastatic involvement of prostate	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) /	21b. PLACE OF INJURY (a) in or about home, farm, factory, street, office bldg., etc.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **1-1, 1954**, to **3-29, 1954**, that I last saw the deceased alive on **3-29, 1954**, and that death occurred at **8:30 m.**, from the causes and on the date stated above.

23a. SIGNATURE W. A. Bloom	(Degree or title) M.D.	23b. ADDRESS Fayette, Mo	23c. DATE SIGNED 4-2-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/1/54	24c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Fayette, Missouri
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DATE REC'D BY LOCAL REG. 4-2-54	REGISTRAR'S SIGNATURE Mary K. Shello	25. FUNERAL DIRECTOR'S SIGNATURE Joseph A. Carr	ADDRESS Fayette, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

57
0

0.300
0.48

1956 JUN 3

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.....
Ralph A. Carr

Licensed Embalmer No. *334*

P. O. Address *Jayette*

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.