

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED APR 28 1954**

State File No. **11334**  
Registrar's No. **256**

BIRTH NO. _____		REG. DIST. NO. <b>43</b>		PRIMARY REG. DIST. NO. <b>3007</b>	
1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff, Mo.</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		d. STREET ADDRESS (If rural, give location) <b>Route #4</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>938 Alice St.</b>			d. STREET ADDRESS (If rural, give location) <b>Route #4</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Leonard McKinzy</b> b. (Middle) <b>Heifner</b> c. (Last) <b>Heifner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 17, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 3, 1898</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR <b>14</b> Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>John Heifner</b>		13b. MOTHER'S MAIDEN NAME <b>Tresie Leach</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Evelyn K. Heifner</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Heifner</b> ADDRESS <b>Poplar Bluff, Mo.</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, asthma, 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>  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.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4501</b>				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)	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1:45 P.</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>George J. Green, Coroner</b>			23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>April 2-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-19-54</b>	24c. NAME OF CEMETERY OR CREMATOR <b>Woodlawn Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4/21/54</b>	REGISTRAR'S SIGNATURE <b>R. H. Mitchell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank-Cotrell</b> ADDRESS <b>Poplar Bluff, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

RECEIVED

APR 26 1954

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

APR 20 1954

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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address Poplar 32577 TWA 6

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.