

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37739

State File No.

FILED DEC 7 1954

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 570

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE KANSAS		b. COUNTY CHEROKEE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN, MO.		c. CITY OR TOWN COLUMBUS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 527 WEST OLIVE		8158	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) ERNEST	b. (Middle) EUGENE	c. (Last) HEADEN	NOV. 24, 1954		

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 9, 1868	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN	10b. KIND OF BUSINESS OR INDUSTRY SHOE	11. BIRTHPLACE (City and State or Foreign Country) PLEASANT HILL, MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME J. S. HEADEN	13b. MOTHER'S MAIDEN NAME FRANCES FARMER	14. NAME OF HUSBAND OR WIFE MARY FLOE HEADEN
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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. 496-10-9944	17. INFORMANT'S SIGNATURE OR NAME MRS MARY FLOE HEADEN,	ADDRESS COLUMBUS, KS
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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) Hypostatic Pneumonia		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acidosis DUE TO (c) urinary suppression		4 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Severely severe arteriosclerosis			4 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Enlarged 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 (e.g., 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)	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 11-8, 1954, to 11-24, 1954, that I last saw the deceased alive on 11-24, 1954, and that death occurred at 7:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS 610 X	23c. DATE SIGNED 11-30-54
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 11-28-54	24c. NAME OF CEMETERY OR CREMATORY PARK	24d. LOCATION (City, town, or county) (State) COLUMBUS, KANSAS
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DATE REC'D BY LOCAL REG. 12-3-54	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS RIUHLAND FUNERAL HOME, COLUMBUS, KS.
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 10 1934

MS. SEP 9 1936

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 *F. M. Jones*.....

Licensed Embalmer No. *231*.....

P. O. Address *Joplin*.....

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.