

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40415

FILED DEC 27 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 5291 PRIMARY REG. DIST. NO. 5291 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty-Rural</u>		c. LENGTH OF STAY (in this place) <u>minutes</u>	c. CITY OR TOWN <u>Liberty</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural-Highway-69+152</u>		STREET ADDRESS (If rural, give location) <u>322 Choctow</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lelia</u> b. (Middle) <u>Elsie</u> c. (Last) <u>Hein</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18, 1954</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>Nov. 3, 1940</u>		9. AGE (in years) (Month) (Day) (Year) <u>14</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Galt, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>school</u>	

13a. FATHER'S NAME <u>Roy Hein</u>		13b. MOTHER'S MAIDEN NAME <u>Cleo Reams</u>		14. NAME OF HUSBAND OR WIFE <u>---</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>Roy Hein</u> ADDRESS <u>Liberty, Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken neck - Multiple</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lacerations -</u> DUE TO (c) <u>Auto running across roadside ditch</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8234</u> <u>32</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
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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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Liberty Township Clay Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 18 - 1954 11 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car Accident</u>	

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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Pate M.D. (Coroner)</u>		23b. ADDRESS <u>3 North Kansas St. Mo.</u>		23c. DATE SIGNED <u>12/19/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12-22-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>K. P. Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Trenton, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Dec 23 1954</u>		REGISTRAR'S SIGNATURE <u>Mabel Graham</u> 491		25. FUNERAL DIRECTOR'S SIGNATURE <u>Byler-Pearcy Funeral Home</u> ADDRESS <u>Liberty, Mo.</u>	
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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.....  
Signature of Student Embalmer

Signed.....  
*Charles F. Tye*

Licensed Embalmer No. 45.....

P. O. Address.....  
*Lehigh*

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.