

FILED JAN 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41788

BIRTH NO.		REG. DIST. NO. 236		PRIMARY REG. DIST. NO. 4352		Registrar's No. 58	
1. PLACE OF DEATH a. COUNTY Morgan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan			
b. CITY OR TOWN Versailles		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Versailles		0710	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) Missouri Avenue 0			
3. NAME OF DECEASED (Type or Print) Edgar Osiner			a. (First)	b. (Middle)	c. (Last) Heppard	4. DATE OF DEATH (Month) (Day) (Year) December 16 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 2, 1878		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer		11. BIRTHPLACE (City and State or Foreign Country) Missouri - Morgan County		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Jacob Valentine Heppard			13b. MOTHER'S MAIDEN NAME Alice Williams		14. NAME OF HUSBAND OR WIFE ALTA Heppard		
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. 496-16-5899	17. INFORMANT'S SIGNATURE OR NAME Wray Heppard-Stover, MO. ADDRESS				
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH 7 years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of prostate 10 years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332 x H				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)		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 July, 1950, to Dec, 1954, that I last saw the deceased alive on Dec 10, 1954, and that death occurred at 4:4 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Jack Gunn MD				23b. ADDRESS Versailles, Mo.		23c. DATE SIGNED 12-20-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE December 16, 1954	24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery		24d. LOCATION (City, town, or county) (State) Versailles Missouri		
DATE REC'D BY LOCAL REG. 12-20-54		REGISTRAR'S SIGNATURE J. L. Washburn 2140		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sam R. Secum Versailles, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

10

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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

James R. Scriver

Licensed Embalmer No. *4880*

P. O. Address *Wassail, 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.