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

FILED JAN 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42039

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015 Registrar's No. 107

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Salt Spring Twp.
c. LENGTH OF STAY (in this place): 4 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): S & W of Country Club

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN: Salt Spring Rural- Township
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): S & W of Country Club

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3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): William
c. (Last): Heifner

4. DATE OF DEATH (Month) (Day) (Year): December 27 1954

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: May 29, 1883
9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (City and State or Foreign Country): Randolph County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Preston Heifner
13b. MOTHER'S MAIDEN NAME: Laura Bell Swetnam
14. NAME OF HUSBAND OR WIFE: Dora May Towels Heifner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Allard Mayes; 601 Vincel St.;Moberly,MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 4 mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Myocarditis — 9 mo.
DUE TO (c) Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bronchial Asthma — 5 years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: 4221
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* June 1, 1952, *to* Dec 27, 1954, *that I last saw the deceased alive on* Dec 26, 1954 *and that death occurred at* 10:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. C. Epley DC
23b. ADDRESS: Huntsville, Mo
23c. DATE SIGNED: 12-28-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12-29-1954
24c. NAME OF CEMETERY OR CREMATORY: Hickory Grove Cemetery
24d. LOCATION (City, town, or county) (State): near Darksville, Missouri

DATE REC'D BY LOCAL REG.: 12-30-54
REGISTRAR'S SIGNATURE: Mary H. Bentley
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: [illegible] Darksville

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Tom B. Patton

Licensed Embalmer No. 39

P. O. Address Huntsvi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.