

FILED FEB 15 1955

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1439

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY (in this place) <u>30 MIN</u>		c. CITY OR TOWN <u>DIAMOND</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>FREEMAN HOSPITAL 0</u>				STREET ADDRESS (If rural, give location) <u>NONE</u> <u>0490</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARON</u>			b. (Middle) <u>ANN</u>		c. (Last) <u>HEIFNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 2 1955</u>
5. SEX <u>FEMALE /</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>NOVEMBER 26, 1954</u>		9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WEBB CITY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>DON HEIFNER</u>			13b. MOTHER'S MAIDEN NAME <u>MARY POLSTON</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MR. DON HEIFNER DIAMOND, MISSOURI</u>				
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) <u>Bronchitis Acute</u> <u>Bronchopneumonia</u> 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 <u>24 hrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>Feb 2</u> , 1955, to <u>Feb 2</u> , 1955, that I last saw the deceased alive on <u>Feb 2</u> , 1955, and that death occurred at <u>2:05 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clinton Graves MD 0</u>				23b. ADDRESS <u>631 Jones Bldg Joplin</u>		23c. DATE SIGNED <u>Feb 5</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEBRUARY 5, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NASHVILLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>NASHVILLE, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>2-7-55</u>	REGISTRAR'S SIGNATURE <u>James 138</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGE LEWIS FUNERAL HOME</u>		ADDRESS <u>WEBB CITY, MO.</u>		

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

Cademy File Number
Date Filed
FEB 17 1955

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 *Leon J. Lewis*

Licensed Embalmer No. *456*

P. O. Address *Webb City*

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.