

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3744**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **6277** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>WRIGHT</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>RURAL (BOONE)</b>		c. LENGTH OF STAY (In this place) <b>2 1/2 yrs</b>	c. CITY OR TOWN <b>HARTVILLE</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>10 MI. N.W. OF HARTVILLE</b>		e. STREET ADDRESS (If rural, give location) <b>10 MI. N.W. OF HARTVILLE</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MELLISH CLEVELAND</b> b. (Middle) <b>HEFNER</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>1-23-1955</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUG. 21, 1881</b>
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>2</b>	IF UNDER 18 HRS. Hours <b>2</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>WRIGHT COUNTY, MO</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>WILLIAM HEFNER</b>	
13b. MOTHER'S MAIDEN NAME <b>HARRIETT ROGERS</b>		14. NAME OF HUSBAND OR WIFE <b>ANNIE HEFNER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO.</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>DR. WORTHY</b> ADDRESS <b>HARTVILLE, MO.</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>  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.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>4201</b> 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) (Min.)	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 <b>1-23, 1955</b> , to <b>1-23, 1955</b> , that I last saw the deceased alive on <b>1-23, 1955</b> and that death occurred at <b>10:15 A.M.</b> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Dr. Worthy M.D.</b>		23b. ADDRESS <b>HARTVILLE, MO.</b>	23c. DATE SIGNED <b>2-1-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1, 26, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LITTLE CREEK</b>	24d. LOCATION (City, town, or county) (State) <b>WRIGHT COUNTY, MO.</b>
DATE REC'D BY LOCAL REG. <b>2-1-55</b>	REGISTRAR'S SIGNATURE <b>B. J. Garner</b>	346-	25. FUNERAL DIRECTOR'S SIGNATURE <b>John Simpson</b> ADDRESS <b>Hartsville, Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

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1140  
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WRIGHT CO. HEALTH DEPARTMENT  
County File Number 255-23  
Date Filed 2-5-55

**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..... *Harry Payne*  
Licensed Embalmer No. 454  
P. O. Address..... *Springfield*

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.