

Chapman

Steele Mo.

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9031**

FILED APR 5 1955

REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **4398** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Pemiscott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Pemiscott	
b. CITY (If outside corporate limits, write RURAL and give township) Holland		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Holland
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) a. (First) Peter b. (Middle) Henry c. (Last) Heathcock			4. DATE OF DEATH (Month) (Day) (Year) 3-10-1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-6-1870	9. AGE (In years if UNDER 1 YEAR last birthday) Months Days Hours Min. 84 11 1 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Post Master		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Holland Mo.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <i>Arthur</i>	13b. MOTHER'S MAIDEN NAME <i>Arthur</i>	14. NAME OF HUSBAND OR WIFE <i>Sarah Jane Heathcock</i>
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Martha J. [unclear]</i>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial failure		
	ANTECEDENT CAUSES Morbidity 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Holland Pemiscott Mo
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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?
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22. I hereby certify that I attended the deceased from **3-10-1955** to **3-10-1955**, that I last saw the deceased alive on **3-10-1955**, and that death occurred at **7 1/2** m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. R. Chapman</i> (Degree or title) MO	23b. ADDRESS Steele, Mo	23c. DATE SIGNED 3-20-55
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24a. BURIAL, CREMATION, REBURYAL (Specify)	24b. DATE 3-12-1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion	24d. LOCATION (City, town, or county) (State) Steele Mo.
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DATE REC'D BY LOCAL REG. 4-11-55	REGISTRAR'S SIGNATURE <i>[Signature]</i> 249-1	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature]</i> Blytheville Ark
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(Licensed Embalmer's Statement on Reverse Side)

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

4-104-25

APR 4 - 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

MAY 3 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 *Jas. P. Stovall*

Licensed Embalmer No.....

P. O. Address.....

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.