

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11501

State File No.

FILED APR 27 1955

No. 300
10.48

0360

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

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4186</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural of Stanton-Meramec</u>		c. LENGTH OF STAY (in this place township) <u>21 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural of Stanton Meramec</u>		d. STREET ADDRESS (If rural, give location) <u>0360</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Irma</u> b. (Middle) <u>Ester</u> c. (Last) <u>Heady</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>4 23 1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12-19-1899</u>	
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>4</u>		IF UNDER 24 HRS. Hours <u>4</u> Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home Work</u>		11. BIRTHPLACE (State or foreign country) <u>Sligo MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>James Bates</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Todd</u>		14. NAME OF HUSBAND OR WIFE <u>Ranson Heady</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Heady Sullivan Mo</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>Insulin Reaction</u> ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerotic Cardiovascular Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Home</u> <u>Year.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260X</u>				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 <u>Aug 1952</u> , to <u>April 23, 1955</u> , that I last saw the deceased alive on <u>April 22, 1955</u> , and that death occurred at <u>2:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert M. Crawford, M.D.</u>				23b. ADDRESS <u>Sullivan Mo</u>		23c. DATE SIGNED <u>4-24-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-25-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stanton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stanton Mo</u>	
DATE REC'D BY LOCAL REG. <u>4/28/55</u>		REGISTRAR'S SIGNATURE <u>Thomas G. Humphrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thos P. Shaffer Sullivan Mo</u>			

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Paul F. Krollenberg

Licensed Embalmer No. *2631*

P. O. Address *Sullivan 710*

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: