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No. 300
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FILED MAY 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15790

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D. O. A. McCune Brooks Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Carthage
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): Route # 2, Carthage, Mo.

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3. NAME OF DECEASED (Type or Print)
a. (First): Milo
b. (Middle): C.
c. (Last): Heisten Jr.

4. DATE OF DEATH (Month) (Day) (Year): May 7, 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 3-20-1922
9. AGE (In years last birthday): 33 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Carthage, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Milo C. Heisten
13b. MOTHER'S MAIDEN NAME: Alpha McClary
14. NAME OF HUSBAND OR WIFE: Dorothy Heisten

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.: 500-12-3109
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Milo C. Heisten Jr. — ADDRESS: Route # 2

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): Injuries Multiple Extreme
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): (1) Fracture Cervical Spine (2) Skull Fracture
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. BLOOD ALCOHOL — 180 mgm per cent

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: SHOWING DEFINITE INFLUENCE OF ALCOHOL
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIWAY
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): JASPER 49 MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 7 55 4:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? STRUCK BRIDGE ABUTMENT

22. *I hereby certify that I attended the deceased from* DID NOT ATTEND, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wickliffe Mott Coroner 3 Jasper County
23b. ADDRESS: First Nat'l Bldg Joplin Mo
23c. DATE SIGNED: 5/5/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 9, 1955
24c. NAME OF CEMETERY OR CREMATORY: Park Cemetery
24d. LOCATION (City, town, or county) (State): Carthage, Mo.

DATE REC'D BY LOCAL REG.: 5-16-55
REGISTRAR'S SIGNATURE: [signature] 139 0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Ulmer Funeral Home, Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number
Date Filed MAY 25 1955

SEP 25 1956

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 William D. Lanh

Licensed Embalmer No. 8

P. O. Address Lanh

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.