

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27283**

FILED AUG 24 1955

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **200**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. LENGTH OF STAY (if this place) 2 weeks	
d. FULL NAME OF HOSPITAL OR INSTITUTION Whitaker Hospital		e. CITY OR TOWN Moberly	
3. NAME OF DECEASED (Type or Print) GEORGIE ELMER HEIFNER		f. STREET ADDRESS (if rural, give location) 719 South Clark Street	
a. (First)		b. (Middle)	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) August-17-1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March-2-1887
9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Starkville Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Harry Bradsher		13b. MOTHER'S MAIDEN NAME Mary Belle Bradsher	
14. NAME OF HUSBAND OR WIFE Roy Heifner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Roy Heifner ADDRESS Moberly Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis ANTECEDENT CAUSES DUE TO (b) anemia DUE TO (c) vaginal hemorrhage 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 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 Aug 5 , 19 55 , to Aug 17 , 19 55 , that I last saw the deceased alive on Aug 17 , 19 55 , and that death occurred at 12:45 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) E.T. Whitaker D.D.		23b. ADDRESS 205 E. Fifth, Moberly, Mo.	
23c. DATE SIGNED 8-17-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Aug-19-1955		24c. NAME OF CEMETERY OR CREMATORY Rakland Cemetery	
24d. LOCATION (City, town, or county) (State) Moberly Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Cater Funeral Home ADDRESS Moberly Mo.	
DATE REC'D BY LOCAL REG. 8-19-55		REGISTRAR'S SIGNATURE Calverlowe 269	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
R. M. Carter

Licensed Embalmer No. *411*

P. O. Address *Proberly*

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.