

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29295

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 293

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper.</u>	
b. CITY OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Woodridge</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>14 Days</u>		e. STREET ADDRESS (If rural, give location) <u>02701</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles E Still</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harvey</u>	b. (Middle) <u>FRANCIS</u>	c. (Last) <u>Heather.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2 55.</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct. 10-1882 72</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <u>Rail Road Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Section Worker</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Moniteau County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA.</u>
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13a. FATHER'S NAME <u>Hill Heather</u>	13b. MOTHER'S MAIDEN NAME <u>Marilda Thompson</u>	14. NAME OF HUSBAND OR WIFE <u>EDNA SWEARINGEN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Harvey Heather - Woodridge Mo.</u>
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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) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic Hypertrophy</u> DUE TO (c) <u>CARCINOMA of Prostate.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>177X</u>	

19a. DATE OF OPERATION <u>9-22-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA of Prostate.</u>	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)
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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?
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22. I hereby certify that I attended the deceased from 9-21, 1955, to 10-2, 1955, that I last saw the deceased alive on 10-2, 1955, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Howard A. Koffa D. O.</u>	23b. ADDRESS <u>A Charles E Still Hosp.</u>	23c. DATE SIGNED <u>10-2-55.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 9 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Boonville, Mo</u>
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DATE REC'D BY LOCAL REG. <u>5 Oct 1955</u>	REGISTRAR'S SIGNATURE <u>R. P. Dorris MA-DR</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Goodman & Kalle, Boonville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 10 1956

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 *William N. Wood*

Licensed Embalmer No. *453*

P. O. Address *Boonville,*

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.