

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31998

State File No.

060
1
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4518 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Shawnee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ballista</u>	c. LENGTH OF STAY (In this place) <u>1 Day</u>	c. CITY OR TOWN <u>Topeka</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>708 W. 6th St</u> <u>8150</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Doit</u> (Middle) <u>W.</u> (Last) <u>Hearn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-17-55</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 13-1899</u> <u>57</u>
9. AGE (In years last birthday) <u>57</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Carpenter</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall Okla.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>W. H. Hearn</u>		13b. MOTHER'S MAIDEN NAME <u>Car. C. Jones</u>	
14. NAME OF HUSBAND OR WIFE <u>Minta Hearn</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> <u>WW I</u>	
16. SOCIAL SECURITY NO. <u>309-18-8927</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minta Hearn, (Ballista)</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Acute Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4201</u> 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 <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	
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 (Month) (Day) (Year) (Hour) OF INJURY		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>9-17</u> 19 <u>55</u> to <u>9-17</u> , 19 <u>55</u> , that I last saw the deceased about <u>9-17</u> , 19 <u>55</u> , and that death occurred at <u>5 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Harry Fausch, Pres. Reg.</u>		23b. ADDRESS <u>Raymond M. Bramson, M.D.</u>	
23c. DATE SIGNED <u>9-19-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>9-19-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Topeka, Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Whitaker Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>9/27/55</u>		REGISTRAR'S SIGNATURE <u>Helen Campbell</u>	

(Licensed Embalmer's Statement on Reverse Side) Bramson M.D.

OCT 31 1955

1956
AUG 1

JAN 20 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 *Minnie L. Welch*

Licensed Embalmer No. *227*

P. O. *Basson T.*

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.