

FILED NOV 15 1955

STANDARD CERTIFICATE OF DEATH

34346

State File No.

BIRTH NO. REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5980 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <u>Tolk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Tolk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trishart</u>		c. CITY OR TOWN <u>Trishart</u>	
c. LENGTH OF STAY (in this place)		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>Village</u>		e. STREET ADDRESS (If rural, give location) <u>Village</u>	

3. NAME OF DECEASED (Type or Print) <u>Johnnie Albert Heud</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 25 1955</u>		
a. (First) (Middle) (Last)					

5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Dec 5 1891</u>		9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>20</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
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13a. FATHER'S NAME <u>William Heud</u>			13b. MOTHER'S MATHEN NAME <u>Mattie Bradshaw</u>			14. NAME OF HUSBAND OR WIFE					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I.</u>		16. SOCIAL SECURITY NO. <u>491-12-0371</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Case Heud Trishart Mo</u>							
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18. CASE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>											
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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 ^{viewed} attended the deceased from Oct 25 1955, to _____, 19____, that I last saw the deceased alive on Oct 25 1955, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. J. Estu</u>		23b. ADDRESS <u>Coronal Park Co. Bolivar, Mo.</u>		23c. DATE SIGNED <u>Oct 25 55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 28 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Race Hill Cemetery Near Villard Mo</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <u>Nov 4, 1955</u>		REGISTRAR'S SIGNATURE <u>Ralph Gardner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James & Blue</u>		ADDRESS <u>Bolivar Mo</u>	
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NOV 17 1955
25 1955

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

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Signed *Oby Jester*
Licensed Embalmer No. 413

P. O. Address *Bahian*

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.