FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35630

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6092 Registrar's No. 199

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Grand Pass
c. LENGTH OF STAY (in this place): 5Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3Mi N.East Malta Bend,Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN: Ruralm.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1½ Mi.N.East of Napton,Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Millie b. (Middle) Jane c. (Last) Heacock

4. DATE OF DEATH (Month) (Day) (Year): Oct. 14 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov.5-1909
9. AGE (In years last birthday): 45 — If under 1 year: Months 11, Days 9; If under 24 hrs.: 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): Emenince,Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Pete Counts
13b. MOTHER'S MAIDEN NAME: Sarah Mead
14. NAME OF HUSBAND/OR WIFE: Lawrence Heacock-Napton,Mo
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: -
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Lawrence Heacock-Popular Bluff,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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Car Collision. wreck. — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 8161 26

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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 41
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Malta Grand Pass Saline Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10 - 14 - 55 - 11:30 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Collision of Car + truck

22. *I hereby certify that I attended the deceased from* 10-14-55 *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C.L. Lawless M.D. Coroner Saline Co
23b. ADDRESS: Marshall Mo
23c. DATE SIGNED: 10-15-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/16/55
24c. NAME OF CEMETERY OR CREMATORY: Heaton Cemetery
24d. LOCATION (City, town, or county) (State): Mountain View, Missouri

DATE REC'D BY LOCAL REG.: 10-15-55
REGISTRAR'S SIGNATURE: Cecil N. Peak Deputy 3857
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Duncan Funeral Home - Mountain View, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
0.48
970
8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....J. Leslie Sweeney

Licensed Embalmer No. 323

P. O. Address Marsh

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.