

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36323**
Registrar's No. **336**

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 336			
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois & COUNTY Quincy					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 5 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mattoon		d. STREET ADDRESS (If rural, give location) 512⁰ 8			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Home				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Erastus c. (Last) Charles Hesslin			4. DATE OF DEATH (Month) (Day) (Year) Nov. 24 55						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Jan. 20 1967			
9. AGE (In years last birthday) 88		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired railroad		10b. KIND OF BUSINESS OR INDUSTRY railroad		11. BIRTHPLACE (State or foreign country) UNKNOWN			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Heaslin		13b. MOTHER'S MAIDEN NAME Minnie		14. NAME OF HUSBAND OR WIFE Minerva Miller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 713-14-6832		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. C.M. Heaslin Mattoon Ill					
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) Coronary occlusion				DUPLICATE OF (b) arteriosclerotic heart disease					
ANTECEDENT CAUSES				DUPLICATE OF (c) 4200					
II. OTHER SIGNIFICANT CONDITIONS				DUPLICATE OF (c) 4200					
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)		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 Nov 1, 1955 to Nov 24, 1955 , that I last saw the deceased alive on Nov 23, 1955 , and that death occurred at 2:30 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) A. Orrison MD				23b. ADDRESS 507 6th St. Jeff City		23c. DATE SIGNED 11-24-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) removed to		24b. DATE Nov 28-55		24c. NAME OF CEMETERY OR CREMATORY Highland Memorial Mt. Carmel Ill		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 25 Nov 1955		REGISTRAR'S SIGNATURE R.P. Darrin MD MR		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dulla Funeral Home, C. no					

(Licensed Embalmer's Statement on Reverse Side)

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

DEB 6 1952

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
Student Embalmer

Signed *James E. Eymard* _____

Licensed Embalmer No. *4978* _____

P. O. Address *Jeff City Mo.* _____

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 this body is not embalmed, fact should be so stated above.