

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

2454

State File No.

No. 300
10.48

FILED FEB 14 1956

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>6042</u>		Registrar's No. <u>590</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Ripley		a. STATE Missouri		b. COUNTY Ripley			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oxly		c. LENGTH OF STAY (in this place) 47 years		c. CITY OR TOWN Oxly		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 1/8 mi. North Hwy. #142				e. STREET ADDRESS (If rural, give location) 1/8 mi N. of Hwy. #142			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) NANCY	b. (Middle) ANN	c. (Last) HEIDINGER	(Month) Jan.	(Day) 19,	(Year) 1956		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 16, 1878	9. AGE (in years last birthday) 77	IF UNDER 1 YEAR Months 4 Days 3	IF UNDER 12 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 at home		11. BIRTHPLACE (City and State or Foreign Country) Edwards Co., Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Harrison		13b. MOTHER'S MAIDEN NAME Emily Hill		14. NAME OF HUSBAND OR WIFE G. L. Heidinger			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS G. L. Heidinger--Oxly, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral embolus					
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) hypertension</p> <p>DUE TO (c) a previous stroke of paralysis</p>					
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 none		332X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) none		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 April 1955 , 19____, to Jan 19, 1956 , 19____, that I last saw the deceased alive on January 18th 1956 , and that death occurred at 10 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Heidinger M.D.				23b. ADDRESS Raylor Mo		23c. DATE SIGNED Jan 20 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/21/1956	24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery		24d. LOCATION (City, town, or county) (State) Oxly, Missouri		
DATE REC'D BY LOCAL REG. 2-1-56		REGISTRAR'S SIGNATURE W.R. Johnson 277		25. FUNERAL DIRECTOR'S SIGNATURE Edwards Funeral Home		ADDRESS Doniphan, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Gene Harren*

Licensed Embalmer No. *480*
P. O. Address *Donpha*

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.